

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90040 018 \*\*\*150.00

**DOCUMENT # P96000043346**

1. Entity Name  
**LAKE COOK ROAD CORPORATION**

Principal Place of Business <b>1801 HERMITAGE BLVD.          SUITE 600          TALLAHASSEE FL 32308</b>	Mailing Address <b>1801 HERMITAGE BLVD.          SUITE 600          TALLAHASSEE FL 32308</b>
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2. Principal Place of Business <b>1801 Hermitage Blvd.</b>	3. Mailing Address <b>1801 Hermitage Blvd.</b>
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Suite, Apt. #, etc. <b>Suite 600</b>	Suite, Apt. #, etc. <b>Suite 600</b>
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City & State <b>Tallahassee, FL</b>	City & State <b>Tallahassee, FL</b>
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Zip <b>32308</b>	Country <b>USA</b>	Zip <b>32308</b>	Country <b>USA</b>
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4. FEI Number <b>59-3387925</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**TODD, DAVID E  
 1801 HERMITAGE BLVD  
 SUITE 100  
 TALLAHASSEE FL 32308**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BENNETT, DOUGLAS W</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>DVAS</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HORTON, JAMES W</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>DE COSTA, LALER</b>
STREET ADDRESS	<b>3424 PEACHTREE RD. NE #800</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>HORVATH, WILLIAM J</b>
STREET ADDRESS	<b>3424 PEACHTREE RD NE, SUITE 800</b>
CITY-ST-ZIP	<b>ATLANTA GA 32308</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>MCKEAN, THOMAS</b>
STREET ADDRESS	<b>3424 PEACHTREE RD NE SUITE 800</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>DVAT</b> <input type="checkbox"/> Delete
NAME	<b>GRAY, LYNNE M</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>

TITLE	<b>VT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRIVERS, LISA K</b>
STREET ADDRESS	<b>3424 PEACHTREE RD., NE, STE. 800</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>DVAS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, JEFFREY L.</b>
STREET ADDRESS	<b>1801 HERMITAGE BLVD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>
TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARRIOR, DEXTER B.</b>
STREET ADDRESS	<b>3424 PEACHTREE RD., NE, STE. 800</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Thomas A. McKean** **02-20-02** **404-848-8600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE