

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90106 001 *****8.75
09-19-2000 90106 002 ***150.00

20999



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000016031

1. Entity Name
LAKE COUNTY SHUTTLE, INC.

Principal Place of Business
**4500 N. HIGHWAY 19A
MT. DORA FL 32757**

Mailing Address
**P.O. BOX 93
MT. DORA FL 32757**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3428003**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAINTE, GERALD
4300 N. HIGHWAY 19A
MT. DORA FL 32757**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINTE, GERALD	NAME	
STREET ADDRESS	4300 N. HIGHWAY 19A	STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL 32757	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINTE, MAGALIE	NAME	
STREET ADDRESS	4300 N. HIGHWAY 19A	STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL 32757	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Gerald Sainte **9-15-00 352-483-1155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To ⁹⁻¹⁵⁻⁰⁰
whom it may concern ^{DCC # P97000016031}
²⁰⁹⁹⁹

Enclosed is a check for \$150.00 for Lake County
Shuttle Inc- 393428003.

I didn't get a first notice before I got the 2nd one.
Back in Jan 6, 00 I mailed the check for \$150.00.
Obviously this dept didn't receive it. I just
opened that 2nd notice and found out that
the Corp. wasn't paid for.

I spoke to Ms. Stacy on 9-15, she said
she will waive the extra fee, and for me
to send a check for \$150.00, and that's
the last time she's going to waive the
fee.

Thank you
Gerald J. Jente

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9-15-00 20999

To

Whom it may concern

I would like to request a letter
of good standing for my company
Lake Country Shuttle Inc.

Thank you

Gerold Fainle