

# 2000 UNIFORM BUSINESS REPORT (UBR)

0109515

DOCUMENT # P97000080241

1. Entity Name

LAKE PROVIDENCE, INC.

FILED

00 MAR 10 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3200 S. HIAWASSEE RD., STE. 206  
ORLANDO FL 32835

Mailing Address

P.O. BOX 4961  
ORLANDO FL 32802-4961

2. Principal Place of Business

800 N. HIGHLAND AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

ORLANDO, FL

Zip

32803

Country  
USA

Country

4. FEI Number

59-3475525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVE., STE. 1100  
ORLANDO FL 32801

Name

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

590003178375-1  
-03/21/00--01101--021

City

\*\*\*150.00 FL \*\*\*150.00

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

LS

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 \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	VP TUTTLE, MILLS L 3200 S. HIAWASSEE RD., STE. 206 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MCKINNEY, EUGENE J 3200 S. HIAWASSEE RD., STE. 206 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT LAWLER, THOMAS P 3200 S. HIAWASSEE RD., STE. 206 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILLNER, DAVID M 3200 S. HIAWASSEE RD., STE. 206 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC PEISNER, ERIC 3300 S. HIAWASSEE RD., STE. 107 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PT KROPP, STEVEN G. 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEVEN G. KROPP, PRESIDENT

3-1-00

Date

407/297-1600

Daytime Phone #

CR2E034 (9/99)