2001 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # P9700 0	080241							
LAKE PROVIDENCE, INC.					FILED				
Principal Place of Business Mailing Address					01 APR 27 AM 9:03				
	ID AVENUE, STE. 200	P.O. BOX 4961 ORLANDO FL 32802-4961			SECRETARY OF STATE				
ORLANDO FL 3	2803				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS	SPACE	
		City & State			CCI Number			I IAc	plied For
City & State		City & State		4.	FEI Number	59-347552!	<u> </u>	No	t Applicable
Zip	Country	Zip	Country	5.	Certificate of S	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curre	nt Registered Agent	1	7.	Name and Ad	dress of New R	egistered .	Agent	
			Name						
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801			Street	Address (P.O.	Box Number is	Not Acceptable)		
							··· ·		
			City	****			FL	Zip Code	e
O The above	named entity submits this statement	for the purpose of changing it	s registered office (or registered a	agent, or both, i	n the State of Flo	orida.		
Tax filing r	ration is eligible to satisfy its Intangit equirement and elects to do so. la on back)	After MAY 1, 2	/!!! FEE IS \$150 001 Fee will be \$ able to Departme	550.00 nt of State	Trust F	on Campaign Fir Fund Contributio	n. [☐ Àdded	May Be to Fees
13.		ID DIRECTORS	12.	ΑΑ	ADDITIONS/CH	ANGES TO OFF	ICERS AND	•	
TITLE	VP	☐ Delete	TITLE NAME					☐ Change	☐ Addition
NAME SELEET ADDRESS CITY-ST-ZIP	800 N. HIGHLAND AVENUE, STE. 200			,	9000041618795 -05/08/0101059013				
TITLE	ORLANDO FL 32803 VPAS	☐ Delete	CITY-ST-ZIP			非非非非	150.00	□ change 1	5B-ARG
NAME	MCKINNEY, EUGENE J		NAME						
STREET ADDRESS CITY-ST-ZIP	800 N. HIGHLAND AVENUE, S	STE. 200	STREET ADDRESS CITY-ST-ZIP						
TITLE	ORLANDO FL 32803 VPAT	☐ Delete	TITLE	 				☐ Change	Addition
NAME	LAWLER, THOMAS P		NAME						
STREET ADDRESS	800 N. HIGHLAND AVENUE, S	TE. 200	STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	 				Change	Addition
TITLE NAME	VPT	☐ Delete	TITLE					Change	
STREET ADDRESS	WILLNER, DAVID M 800 N. HIGHLAND AVENUE, S	STE. 200	STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32803		CITY - ST - ZIP				% 6		
TITLE	VPC	☐ Delete	TITLE	1		, j	10	Change	Addition
NAME	PEISNER, ERIC	TE 000	NAME STREET ADDRESS	1		,			
STREET ADDRESS CITY-ST-ZIP	800 N. HIGHLAND AVENUE, S	31E. 200	CITY-ST-ZIP						
TITLE	ORLANDO FL 32803 PT	☐ Delete	TITLE	P				Change	Addition
NAME	kropp, steven g		NAME	KROPP,	STEVEN	JG.		/3	
STREET ADDRESS	800 N. HIGHLAND AVENUE, S	TE. 200	STREET ADORESS						
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP						
indicated	certify that the information supplied won this report or supplemental report poration or the receiver or trustee en	rt is true and accurate and that	t my signature shall	have the sam	ie legal effect a:	s it made under	oatn; that i	am an onicer	or airector

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

DIF PRINTED NAME OF SIGNING OFFISER OR DIRECTOR

907-297-1606

Date Daytime Phone #