

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0101342 AV

DOCUMENT # P97000080241

1. Entity Name
LAKE PROVIDENCE, INC.



FILED

03 APR 25 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
800 N. HIGHLAND AVENUE, STE. 200
ORLANDO FL 32803

Mailing Address
P.O. BOX 4961
ORLANDO FL 32802-4961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3475525

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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)

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME TUTTLE, MILLS L
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500018460265
05/07/03--01089--004 **150.00

TITLE VPAS
NAME MCKINNEY, EUGENE J
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPAT
NAME LAWLER, THOMAS P
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT
NAME WILLNER, DAVID M
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPC
NAME PEISNER, ERIC
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME KROPP, STEVEN G
STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

407/297-1600

Date

Daytime Phone #

CR2E034 (10/02)