

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090214

1. Entity Name

LAKE COUNTRY PIZZA, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90110 048 \*\*\*150.00

Principal Place of Business

Mailing Address

337 CENTRAL AVE  
LAKE PLACID FL 33852

1005 SOUTHWEST 10TH AVENUE  
OKEECHOBEE FL 33852-9018

2. Principal Place of Business

541 DAL HALL BLVD

3. Mailing Address

355 WASHINGTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

4. FEI Number

65-0789437

Applied For

Not Applicable

Zip

33852

Country

HIGHLANDS

Zip

33852

Country

HIGHLANDS

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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)

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**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.

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**\$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  
PTD  
BAGGETT, SAMUEL D  
1005 SOUTHWEST 10TH AVENUE  
OKEECHOBEE FL 34974

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
BAGGETT, CARLA J  
1005 SOUTHWEST 10TH AVENUE  
OKEECHOBEE FL 34974

☐ Delete

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CITY-ST-ZIP  
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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:

*Samuel D. Baggett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00  
Date

(863) 699-0444  
Daytime Phone #

CR2E034 (9/99)