

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047961

1. Entity Name

PREMIERE ENTERPRISES OF LAKE COUNTY, INC.

FILED

Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90016 046 \*\*\*150.00

Principal Place of Business

15146 ARABIAN WAY  
MONTVERDE FL 34756

Mailing Address

P O BOX 120309  
CLERMONT FL 34712-0309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3514279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, THOMAS M  
15146 ARABIAN WAY  
MONTVERDE FL 34756

7. Name and Address of New Registered Agent

Name JO ANN M. TAYLOR

Street Address (P.O. Box Number is Not Acceptable)  
15146 ARABIAN WAY

City Montverde

FL

Zip Code 34756

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

*Thomas M. Taylor* THOMAS M. TAYLOR

DATE 4/4/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, THOMAS M	
STREET ADDRESS	15146 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TAYLOR, JO ANN M	
STREET ADDRESS	15146 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JOANN M	
STREET ADDRESS	15146 ARABIAN WAY	
CITY-ST-ZIP	Montverde FL 34756	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, THOMAS M	
STREET ADDRESS	15146 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Thomas M. Taylor* THOMAS M. TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/4/00

Date

407-469-3000

Daytime Phone #