

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000020508

FILED  
Apr 10, 2002 8:00 AM  
Secretary of State

Entity Name: LAKES & SPRINGS REALTY, INC.

## Current Principal Place of Business:

P.O. BOX 1299  
THE VILLAGES, FL 32159

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1299  
THE VILLAGES, FL 32159

## New Mailing Address:

FEI Number: 59-3560676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNSED, R D  
1180 MAIN ST  
STE 211  
THE VILLAGES, FL 32159 US

## Name and Address of New Registered Agent:

BURNSED, R D  
976 DEL MAR DRIVE  
THE VILLAGES, FL 32159 US

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:

04/10/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BURNSED, R D  
Address: 1100 MAIN ST STE 211  
City-St-Zip: THE VILLAGES, FL 32159

Title: VD ( ) Delete  
Name: BURNSED, LYNN ELAINE  
Address: 1100 MAIN STREET, SUITE 211  
City-St-Zip: THE VILLAGES, FL 32159

Title: STD ( ) Delete  
Name: MCLIN, WALTER S III  
Address: 1000 W MAIN ST  
City-St-Zip: LEESBURG, FL 34748

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BURNSED, R D  
Address: 976 DEL MAR DRIVE  
City-St-Zip: THE VILLAGES, FL 32159 US

Title: VD (X) Change ( ) Addition  
Name: BURNSED, LYNN ELAINE  
Address: 976 DEL MAR DRIVE  
City-St-Zip: THE VILLAGES, FL 32159 US

Title: STD (X) Change ( ) Addition  
Name: MCLIN, WALTER S III  
Address: 1000 W MAIN ST  
City-St-Zip: LEESBURG, FL 34748 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.D. BURNSED

PD

04/10/2002

Electronic Signature of Signing Officer or Director

Date