

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041516

1. Entity Name

LAKE PROPERTY INVESTMENT GROUP OF LEHIGH ACRES,

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90039 001 ***150.00

Principal Place of Business

1699 JOEL BLVD
LEHIGH ACRES FL 33936

Mailing Address

1699 JOEL BLVD
LEHIGH ACRES FL 33972-1701

2. Principal Place of Business

1130 Lee Blvd
Suite, Apt. #, etc.

3. Mailing Address

1130 Lee Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lehigh Acres, Fl.
Zip Country
33936 USA

City & State

Lehigh Acres, Fl.
Zip Country
33936 USA

4. FEI Number

65-0940204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNELL, MARY V
1833 HENDRY ST
FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name Darrel W. Walters Sr.

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

804 Louis AV

City

Lehigh Acres

FL

Zip Code

33972

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) ☐

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 NAME Darrel Walters Sr. ☐ Delete
STREET ADDRESS Pres.
CITY-ST-ZIP 804 Louis AV
Lehigh Acres, FL 33972

TITLE NAME VP ☐ Delete
STREET ADDRESS Kathy L. Walters
CITY-ST-ZIP 804 Louis AV
Lehigh Acres, FL 33972

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Kathy L. Walters, P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/00
Date

Daytime Phone #