## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P99000049221

1. Entity Name

MOUNT DORA GOLF AND LAKE REALTY, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90186 040 \*\*\*150.00

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1 441 1 14 11010	ace of Business 产 (多) 与身体的。	: Mailing Address		/ - 3	
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2. Principal Place of Business		3: Mailing Address			
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		—	
City & State				☐ CHECK HERE IF MAKING, CHANGES	
		City & State		4. FEI Number 59-3581346	Applied For Not Applicable
Zip .	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current F	legistered Agent	<del> </del>	7. Name and Address of New Registered	Fee Required
LOWDY	ADOLUT O ID		Name	The state of the s	
LOWRY, ARCHIE O JR. 308 EAST FIFTH AVE.			Street Addres	P.O. Box Number is Not Acceptable)	
j.			Circot Addres		
MOONI	DORA FL 32757				
	•		City	F	Zip Code
8. The above the obliga	e named entity submits this statement for titions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I an	familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	E: Registered Agent signature requ	ired when reinstating) DATE	<u> </u>
F	ILE NOW!!! FEE IS \$150.00			5.00	<del></del>
After	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S			9. Election Campaign Financing	\$5.00 May Be
10.				Trust Fund Contribution.	Added to Fees
TITLE	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
NAME	TRZASKA, WILLIAM J	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	1701 STAFFORD SPRINGS BLVD.		NAME STREET ADDRESS	•	
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		i
TITLE		☐ Delete	TITLE		
NAME STREET LORDSON			NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
TITLE		<u> </u>	CITY-ST-ZIP		
NAME	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		]
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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NAME		☐ Delete	TITLE NAME	-	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		1
12. Therebyice indicated o	ertify that the information supplied with this	filing does not qualify for th	ne exemption stated in Se	ection 119.07(3)(i), Florida Statutes, I further cert	St. About About 1

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 changed, or on an attachment with an address, with all ther like empowered.