

2000 UNIFORM BUSINESS REPORT (UBR)

8/8

DOCUMENT # P99000070855

1. Entity Name

EDEN OF LAKE COUNTY FL. INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

08-02-2000 90123 015 ***550.00

Principal Place of Business

Mailing Address

411 N DONNELLY ST #101
 MT DORA FL 32757

411 N DONNELLY ST #101
 MT DORA FL 32757-5597

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI Number

59 359 2074

Applied For

Not Applicable

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

VALENTINO, JOHN
 6085 W GUN CLUB ROAD
 WEST PALM BEACH FL 33415

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 reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINO, JOHN 6085 W GUN CLUB RD WEST PALM BEACH FL 33415 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDDY, GIGI 33901 E LAJE JOANNA DR EUSTIS FL 32727 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINO, KATHY 6085 W GUN CLUB RD WEST PALM BCH FL 33415 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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

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 recorder 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:

SIGNATURES REQUIRED

Date

Daytime Phone #

CR2E034 (9/99)