2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

CNATURE AND TYPED OR PRINTED NAME OF SIGNIN

OFFICER OR DIRECTOR

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # S02836** LAKE HELEN PROPERTIES, INC. 01-29-2001 90100 014 ***155.00 Principal Place of Business Mailing Address 176 EUCLID AVE. NORTH 176 EUCLID AVE. NORTH LAKE HELEN FL 32744 LAKE HELEN FL 32744 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3032029 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR AND EARLY PA Street Address (P.O. Box Number is Not Acceptable) 112 N FLORIDA AVE DELAND FL 32720 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VPP ☐ Addition Change ☐ Delete TITLE TITLE BRAYMAN, DARRYL W NAME NAME 7713 BASSETT DRIVE STREET ADDRESS STREET ADDRESS **HUBER HEIGHTS OH** CITY-ST-ZIP CITY-ST-ZIP PMD Change ☐ Addition Delete TITLE TITLE LONG, LEWIS C., III NAME NAME 176 EUCLID AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE HELEN FL CITY-ST-ZIP SD Change ☐ Addition ☐ Delete TITI F TITLE LONG, CARYN G. NAME NAME 176 EUCLID AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE HELEN FL CITY-ST-ZÎP Change [] Addition Delete TITLE GOVE, CHASE C., III NAME NAME 6423 B NEW LONDON RD STREET ADDRESS STREET ADDRESS **NEW MARKET MD** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 recover 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.

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