

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S64966**

1. Entity Name

**LAKE HOLDING, INC.**

Principal Place of Business

**200 WEATHERFIELD AVE  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

~~200 WEATHERFIELD AVE  
ALTAMONTE SPRINGS FL 32714~~  
**2335 Sanders Road  
Northbrook, IL 60062**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3111756**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**LOWNDES, JOHN F.  
1200 S PINE ISLAND RD  
PLANTATION FL 32801**

## 7. Name and Address of New Registered Agent

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 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, 2001 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	CEO	<input type="checkbox"/> Delete
NAME	CAMAREN, JAMES	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DOPUCH, ANDREW	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHUMACHER, LAWRENCE	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WENZ, CARL	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTER, DAVID	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> Delete
NAME	RASMUSSEN, DONALD	
STREET ADDRESS	200 WEATHERFIELD AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Dopuch

4/2/01

847-498-6440

Daytime Phone #

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
04-27-2001 90268 036 \*\*\*150.00**C0053295**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)