## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2000 8:00 am Secretary of State **DOCUMENT # 199250** 02-04-2000 90054 029 \*\*\*150.00 LAKESIDE APARTMENTS OF POMPANO INC Principal Place of Business Mailing Address 700 E ATLANTIC BLVVD 700 E ATLANTIC BLVVD POMPANO BEACH FL 33061 POMPANO BCH FL 33061 913172 2. Principal Place of Business 3. Mailing Address PO. BOX 1057 3201 SE12 TH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0941619 POMPANO BCH Not Applicable OMPANO Country \$8.75 Additional 5: Certificate of Status Desired BROWNED Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORMAN, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 3201 S.E. 12TH ST. POMPANO BEACH FL 33062 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change ☐ Addition TITLE TROTTER, RICHARD NAME STREET ADDRESS STREET ADDRESS DECEASED 3201 SE 12TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL Change TITLE ☐ Delete TITLE ☐ Addition GORMAN, ROBERT J. NAME NAME STREET ADDRESS STREET ADDRESS 3201 SE 12 ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL SEC ☐ Delete TITLE ☐ Change Addition MANN, VIRGINA NAME STREET ADDRESS 3201 SE 12 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33062 ☐ Delete ☐ Change ☐ Addition TITLE MATHEWSON, ETHEL NAME NAME STREET ADDRESS STREET ADDRESS 3201 S.E. 12TH STREET CITY - ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \(\tilde{\pi}\)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #