

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 303002

1. Entity Name

COLONIAL RIDGE LANCASTER INC

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90026 016 ***150.00

Principal Place of Business Mailing Address
 5505 NORTH OCEAN BOULEVARD 5505 NORTH OCEAN BOULEVARD
 OCEAN RIDGE FL 33435 OCEAN RIDGE FLA 33435-7086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1316811** Applied For
 Not Applicable

Zip Country Zip Country

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

GROMKO & PORTER
306 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435

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)

1/25/00
 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	D	<input type="checkbox"/> Delete
NAME	TAIBI, CHARLES	
STREET ADDRESS	5505 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIX, ROBERT	
STREET ADDRESS	5505 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	VALINE, MARGARET	
STREET ADDRESS	5505 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWES, THOMAS	
STREET ADDRESS	5505 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR, DIX, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, ROBERT	
STREET ADDRESS	5505 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT DAWES, THOMAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWES, THOMAS	
STREET ADDRESS	5505 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL	
TITLE	DIRECTOR PAUL COSTELLO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL COSTELLO	
STREET ADDRESS	5505 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL	
TITLE		<input 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000 561-737012
 Date Daytime Phone #