

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90306 022 ****61.25

DOCUMENT # 706953

1. Entity Name

LAURA LEE CONDOMINIUM INC

Principal Place of Business

709 NORTH M STREET
 LAKE WORTH, FLA 33460

Mailing Address

KATIE McDOWELL
 618 MARINERS WAY 1363 Willow Rd.
 C/O PAUL GRIFFITHS
 BOYNTON BEACH FL 33435
 West Palm Bch, FL 33406

2. Principal Place of Business

Same

3. Mailing Address

1225 KASANDRA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marietta, GA

4. FEI Number

59-1115741

Applied For

Not Applicable

Zip

Country

Zip

Country

30067

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRIFFITHS, PAUL
 318 MARINERS WAY
 BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name
 Arlene Rohrbach
 Street Address (P.O. Box Number is Not Acceptable) # 201
 709 N M St.
 Lake Worth
 City FL Zip Code
 33460

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

Arlene Rohrbach

2-22-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROHRBACH, ARLENE 709 N. M STREET-#201 LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, CRAIG 1225 KASANDRA DRIVE MARIETTA GA 30067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIFFITHS, PAUL 618 MARINERS WAY BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-DIRECTOR CRAIG SMITH 1225 KASANDRA DR. MARIETTA, GA 30067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President-Director Nancy McLaughlin 709 No "M" St. #202 LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. SECRETARY/TREASURER ARLENE ROHRBACH 709 No "M" St. #201 LAKE WORTH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Craig Smith

2-28-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)