

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709183

1. Entity Name

LAKE COLONY APTS. TWO, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90032 003 \*\*\*\*61.25

Principal Place of Business

112-130 DOOLEN COURT  
NORTH PALM BEACH FL 33408

Mailing Address

112-130 DOOLEN COURT  
NORTH PALM BEACH FL 33408-5710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1113704

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

ST JOHN, DICKER, AND CAPLAN  
500 AUSTRALIAN AVE SO  
SUITE 500  
WEST PALM BCH FL 33470

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	O'CONNER, LUCILLE	
STREET ADDRESS	130 DOOLEN CT #102E	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN DER MOLEN, JOHN	
STREET ADDRESS	112 DOOLEN CT-203-F	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIN, LEE	
STREET ADDRESS	130 DOOLEN 105-E	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIMMELSBACH, JOSEPH	
STREET ADDRESS	130 DOOLEN 210-E	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAWSON, ANN	
STREET ADDRESS	130 DOOLEN COURT 108-E	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEEYES, GERALD	
STREET ADDRESS	112 DOOLEN CT 302F	
CITY-ST-ZIP	N PALM BEACH FL	

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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Valenti	
STREET ADDRESS	112 Dooleen Court # 103	
CITY-ST-ZIP	N. Palm Beach, FL 33408	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 3, 2000

Date

Daytime Phone #

CR2E037 (9/99)