

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 710495**

1. Entity Name

**LAKE PARK GARDENS #2 INC., A CONDOMINIUM**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90270 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4751 NW 10TH COURT  
 PLANTATION FL 33313  
 US

4751 NW 10TH COURT  
 PLANTATION FL 33313-6582  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1147872**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAHN, GARY D.**  
 4751 NW 10TH COURT  
 PLANTATION FL 33313

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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>NUZZI, ROBIN</b>	
STREET ADDRESS	<b>4751 NW 10TH CT 202</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NUZZI, TONY</b>	
STREET ADDRESS	<b>4751 NW 10TH CT 208</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAHN, EDUA</b>	
STREET ADDRESS	<b>4751 NW 10TH CT 212</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KAHN, GARY</b>	
STREET ADDRESS	<b>4751 NW 10TH CT 212</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN, DOROTHY</b>	
STREET ADDRESS	<b>4751 NW 10 CT</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>REEVES, DANIEL</b>	
STREET ADDRESS	<b>4751 NW 10TH CT 104</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Benington, Connie</b>	
STREET ADDRESS	<b>4751 N.W. 10TH CT 102</b>	
CITY-ST-ZIP	<b>Plantation, FL 33313</b>	
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		

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/00 (954)791-3680**

Date

Daytime Phone #

CR2E037 (9/99)