

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90017 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 710957**

1. Entity Name

**LAKE COLONY APTS. THREE, INC.**

Principal Place of Business

Mailing Address

**111 DOOLEN CT., #312-C  
 NORTH PALM BEACH FL 33408**

**111 DOOLEN CT., #312-C  
 NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1154752**

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

**DICKER, KRIVOK & STOLOFF, P.A.  
 1818 AUSTRALIAN AVE. SOUTH  
 WEST PALM BEACH FL 33419**

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 NAME ☐ Delete  
**D**  
**DELUCA, PAT**  
 STREET ADDRESS  
**111 DOOLEN CT., #312-C**  
 CITY-ST-ZIP  
**NORTH PALM BEACH FL 33408**

TITLE NAME ☐ Change ☒ Addition  
**D**  
**O'KEEFE, JAMES**  
 STREET ADDRESS  
**111 DOOLEN CT. #203C**  
 CITY-ST-ZIP  
**NORTH PALM BEACH, FL 33408**

TITLE NAME ☐ Delete  
**D**  
**GIDDENS, STEVE**  
 STREET ADDRESS  
**111 DODEN COURT #107C**  
 CITY-ST-ZIP  
**N PALM BCH FL 33408**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☒ Delete  
**D**  
**TEFFT, THOMAS**  
 STREET ADDRESS  
**111 DOOLAN CT SUITE 305C**  
 CITY-ST-ZIP  
**N PALM BCH, FL 00000 33408**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**D**  
**CAVE, ROBERT**  
 STREET ADDRESS  
**111 DOOLEN CT 209C**  
 CITY-ST-ZIP  
**N PALM BEACH FL**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:

*Signature of Robert Cave*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02

261-863-4218

Date Daytime Phone #

CR2E037 (9/01)