

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720829

1. Entity Name

LAUDERDALE OAKS CONDOMINIUM XII, INC.

Principal Place of Business

3001 NW 46TH AVE BLDG 12
LAUDERDALE LAKES FL 33313-1827

Mailing Address

3001 NW 46TH AVE BLDG 12
LAUDERDALE LAKES FLA 33313-1829

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1370025

Applied For

Not Applicable

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

JEAN, GAUTHIER
3001 N.W. 46 AVE APT 303
LAUDERDALE LAKES 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 NAME STREET ADDRESS CITY-ST-ZIP	P GAUTHIER, JEAN 3001 N.W. 46 AVE #303 LAUD LAKES FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVIA BIENSTOCK 3001 NW 46TH AVE #203 LAUDERDALE LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK GOUGE 3001 NW 46 AVE #208 LAUDERDALE LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, IRENE 3001 N.W. 46 AVE - #101 LAUDERDALE LAKES FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GREEN, SYLVIA 3001 NW 46TH AVE LAUDERDALE LAKES FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAUTHIER, JEAN 3001 NW 46TH AVE 303 LAUD LAKES FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERALDO ALBERT 3001 N.W. 46 AVE # 409 LAUD. LKS FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARREY RAYMOND 3001 N.W. 46 AVE # 301 LAUD. LKS FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGENAIS J.C. 3001 N.W. 46 AVE # 408 LAUD. LKS FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMAN MURRAY 3001 N.W. 46 AVE #307 LAUD. LKS FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEJANGER LEO 3001 N.W. 46 AVE #305 LAUD LKS FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. DIXON CLARE 3001 N.W. 46 AVE # 409 LAUD LKS FL 33313	<input type="checkbox"/> Change <input checked="" 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)(l), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/00

Daytime Phone #

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

04-11-2000 90060 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)