

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90177 029 ****61.25

DOCUMENT # 747051

1. Entity Name

OLD DIXIE CONDOMINIUM WAREHOUSE ASSOCIATION, INC

Principal Place of Business

**1310 S KILLIAN DR #104
 LAKE PARK FL 33403**

Mailing Address

**1050 POWELL DR.
 RIVIERA BEACH FL 33404
 US**

2. Principal Place of Business

1310 S. KILLIAN DR

3. Mailing Address

1310 S. KILLIAN DR

Suite, Apt. #, etc.

113

Suite, Apt. #, etc.

113

City & State

LAKE PARK, FL

Zip

Country

Zip

33403

Country

US

4. FEI Number

59-2304339

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

**LUMB, HENRY O
 1050 POWELL DR.
 RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

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 | D | <input type="checkbox"/> Delete |
| NAME | CASTAGNA, MYLES M | |
| STREET ADDRESS | 1111 7TH ST | |
| CITY-ST-ZIP | LAKE PRK FL 33403 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | LUMB, HENRY | |
| STREET ADDRESS | 1050 POWELL DRIVE | |
| CITY-ST-ZIP | RIVIERA BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WHITE, AUSTIN | |
| STREET ADDRESS | 1202 12TH LANE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MATHEUS, MARGI | |
| STREET ADDRESS | 720 LIGHTHOUSE DRIVE | |
| CITY-ST-ZIP | LAKE PARK FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BENZ, EVERETT M | |
| STREET ADDRESS | 17879 103RD TERR | |
| CITY-ST-ZIP | JUPITER FL 33478 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MAYER, CURTIS M | |
| STREET ADDRESS | 15648 88TH TRAIL, N | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |

| | | |
|----------------|----------------------|--|
| 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHEU, MARGI | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" 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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY O LUMB JR 1/11/01 (561) 842-3308

Date

Daytime Phone #

CR2E037 (10/00)