

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90024 045 ****61.25

DOCUMENT # 749253

1. Entity Name

LE LAC PROPERTY OWNERS' ASSOCIATION, INCORPORATE

Principal Place of Business

Mailing Address

6000 LE LAC RD
BOCA RATON FL 33496
US

6000 LE LAC ROAD
BOCA RATON FL 33496-2302
US

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

59-7154344

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

SABGA, EMILE
6018 LE LAC ROAD
BOCA RATON FL 33496

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 **PO** ☐ Delete
NAME **GOLDSMITH, HOWARD**
STREET ADDRESS **6019 LE LAC RD**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☒ Change ☐ Addi
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **SABGA, EMILE**
STREET ADDRESS **6018 LE LAC ROAD**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **D** ☐ Delete
NAME **LUHRS, H. RIC**
STREET ADDRESS **6020 LE LAC ROAD**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☒ Change ☐ Addi
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LONDON, ALBERT**
STREET ADDRESS **6003 LE LAC ROAD**
CITY-ST-ZIP **BOCA RATON F 33496**

TITLE **P** ☒ Change ☐ Addi
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FEURRING, DOUG**
STREET ADDRESS **6012 LE LAC RD**
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **S** ☐ Delete
NAME **GALLO, CARL**
STREET ADDRESS **6002 LE LAC ROAD**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **ST** ☒ Change ☐ Ad
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARL GALLO**

Carl R Gallo 246.00 278-2777

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