## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## FILED DOCUMENT # 750217 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State HUNTINGTON LAKES, INC.** 01-19-2000 90322 036 \*\*\*\*61.25 Principal Place of Business Mailing Address 7355 HUNTINGTON LANE 7355 HUNTINGTON LANE DELRAY BEACH FL 33446-2987 DELRAY BEACH FL 33446-2987 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1970044 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GORDON, ARLENE 7355 HUNTINGTON LANE **DELRAY BEACH FL 33446** 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 " OFFICERS AND DIRECTORS 11. 10. ☐ Addition Vice President Change ☐ Delete TITLE TITLE Tuchfeld, Abe NAME TUCHFELD, ABE NAME STREET ADDRESS STREET ADDRESS 7290 KINGHURST DRIVE #410 7290 Kinghurst Drive, #410 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33446 Delray Beach. Fl 33446 Addition Change TITLE TITLE ☐ Delete NAME PALLER, AARON STREET ADDRESS STREET ADDRESS 7006 HUNTINGTON LANE, #303 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** ☐ Addition Change TITLE PD ☐ Delete TITLE NAME NAME SILVERMAN, PHILIP STREET ADDRESS STREET ADDRESS 7286 HUNTINGTON LANE #104 CITY-ST-7IP CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Addition **X** thange **VPD** Delete TITLE TITLE Treasurer NAME Sorens, Harold NAME KROLL, ALBERT #802 STREET ADDRESS 14425 Strathmore Lane, STREET ADDRESS 14360 STRATHMORE LANE, #191 Delray Beach, F1 33446 CITY-ST-ZIP CITY-ST-ZIP Deeray Beach Fl 33446 Change Addition □ Delete TITLE TITLE NAME ASRO, JOSEPH NAME STREET ADDRESS STREET ADDRESS 7321 AMBERLY LANE #101 CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH, FL 33446 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 12. Thereby 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