

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90043 026 ****61.25

DOCUMENT # 764868

1. Entity Name

LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 8 ASSO

Principal Place of Business

7268 GOLF COLONY CT.
LAKE WORTH FL 33467

Mailing Address

2994 JOB ROAD
SUITE B
GREENACRES FL 33467

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2227792

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERRISN, SCOT A
2994 JOG ROAD
SUITE B
GREENACRES FL 33467

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

TITLE: PD
NAME: FOO, RONALD Delete
STREET ADDRESS: 7214 GOLF COLONY CT. #203
CITY-ST-ZIP: LAKE WORTH FL 33467

TITLE: SD
NAME: GARST, DOROTHY Delete
STREET ADDRESS: 7214 GOLF COLONY LANE UNIT 206
CITY-ST-ZIP: LAKE WORTH FL 33467

TITLE: T
NAME: WOLF, LANE Delete
STREET ADDRESS: 7214 GOLF COLONY CT. #102
CITY-ST-ZIP: LAKE WORTH FL 33467

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Delete
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, 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

Date

Daytime Phone #