

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02235

1. Entity Name

UNO LAGO ENVIRONMENTAL ASSOCIATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90124 016 ****61.25

Principal Place of Business

Mailing Address

801 UNIVERSE BLVD.
 JUNO BEACH FL 33408

801 UNO LAGO DR.
 JUNO BEACH FL 33408-2680

2. Principal Place of Business

3. Mailing Address

801 UNO LAGO DRIVE

Suite, Apt. #, etc.

City & State

Juno Beach FL

City & State

4. FEI Number

59-2654206

Applied For

Not Applicable

Zip

33408

Country

Palm Beach

Zip

Country

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

SOLOMON, J C I
 801 UNO LAGO DR
 JUNO BEACH FL 33408

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 PFD Delete
 NAME GRAZIOTTO, RAYMOND E
 STREET ADDRESS 801 UNO LAGO DR
 CITY-ST-ZIP JUNO BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME FENTON, PATRICK J.
 STREET ADDRESS UNIT 6, UNO LAGO DR.
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME TAYLOR, WILLIAM E
 STREET ADDRESS 500 UNO LAGO DR #205
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME SOLOMIN, JC II
 STREET ADDRESS 801 UNO LAGO DR.
 CITY-ST-ZIP JUNO BCH FL 33408

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *William E. Taylor*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000
 Date

561-625-9443
 Daytime Phone #

CR2E037 (9/99)