

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0049850

DOCUMENT # N02235

1. Entity Name

UNO LAGO ENVIRONMENTAL ASSOCIATION, INC.

04-25-2001 90152 007 ****61.25

Principal Place of Business

Mailing Address

801 UNOLAGO DR
 JUNO BEACH FL 33408

801 UNO LAGO DR.
 JUNO BEACH FL 33408

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

59-2654206

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

7. Name and Address of New Registered Agent

SOLOMON, J C II
 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	<input type="checkbox"/> Delete
NAME	GRAZIOTTO, RAYMOND E	
STREET ADDRESS	801 UNO LAGO DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FENTON, PATRICK J.	
STREET ADDRESS	UNIT 6, UNO LAGO DR.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM E	
STREET ADDRESS	500 UNO LAGO DR #205	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOLOMIN, JC II	
STREET ADDRESS	801 UNO LAGO DR.	
CITY-ST-ZIP	JUNO BCH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input 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: William E. Taylor **William E. Taylor** 4-17-2001 561-625-9443
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)