

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

02-15-2001 90026 009 ****70.00
 09-12-2001 90010 015 ****61.25

DOCUMENT # N44543

1. Entity Name
LAKES AT BOCA RATON COMMERCIAL PROPERTY OWNERS'

Principal Place of Business: **6554 LANDINGS COURT BOCA RATON FL 33496**

Mailing Address: **6554 LANDINGS COURT BOCA RATON FL 33496**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 810941**

Suite, Apt. #, etc.

City & State: **BOCA RATON, FL**

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4. FEI Number: **59-2620244**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

Zip: **33481** Country: **FL**

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
STEINBERG, JERRY
6554 LANDINGS COURT
BOCA RATON FL 33496

7. Name and Address of New Registered Agent
 Name: **DAVID HAAG**
 Street Address (P.O. Box Number is Not Acceptable):
2801 N. MILITARY TRAIL
 City: **BOCA RATON** State: **FL** Zip Code: **33431**

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: *David Haag* DATE: **8/29/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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: PD	SHER, CRAIG H <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PD STERNBERG, JERRY
STREET ADDRESS: 5858 CENTRAL AVENUE		STREET ADDRESS: 6554 LANDINGS COURT	
CITY-ST-ZIP: ST. PETERSBURG FL 33707		CITY-ST-ZIP: BOCA RATON, FL 33496	
TITLE: SD	SEMBLER, GREGORY S <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VPD KASSER, NORMAN
STREET ADDRESS: 5858 CENTRAL AVENUE		STREET ADDRESS: 7280 Campana Court	
CITY-ST-ZIP: ST. PETERSBURG FL 33707		CITY-ST-ZIP: BOCA RATON, FL 33433	
TITLE: STD	SEMBLER, BRENT W <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD RASH, ROBIN
STREET ADDRESS: 5858 CENTRAL AVENUE		STREET ADDRESS: 1603 W. 16TH ST.	
CITY-ST-ZIP: ST. PETERSBURG FL 33707		CITY-ST-ZIP: OAKBROOK, IL 60523	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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)(l), 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: *David Haag* DATE: **8/29/01** 561-241-0285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)