

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90150 017 ****61.25

DOCUMENT # **N 46807**

1. Entity Name

Lake Coral Springs, Inc.

Principal Place of Business

Integrity Property Mgt.

~~953 University Drive~~
 Coral Springs, FL 33071

P.O. Box 8726

Coral Springs, Florida 33075

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

65-0335745

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

Name

Whittle, Cynthia G.

Street Address (P.O. Box Number is Not Acceptable)

953 University Dr.

Coral Springs, FL 33065

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SODER, KEATS
11889 N.W. 12 DRIVE
Coral Springs, FL 33071

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
BERLIN, PETER
1051 N.W. 121 TERRACE
Coral Springs, FL 33071

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
HANSEN, MARK
1062 Coral Ridge Dr.
Coral Springs, FL 33071

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

Keats Soder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 **954-346-0671**
 Date Daytime Phone #

CR2E037 (9/99)