

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

01-20-2000 90100 026 \*\*\*\*61.25

**DOCUMENT # N93000004611**

1. Entity Name

**UNO LAGO CONDOMINIUMS MASTER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

801 UNIVERSE BLVD  
 #24  
 JUNO BEACH FL 33408  
 US

801 UNO LAGO DRIVE  
 #24  
 JUNO BEACH FL 33408-2680  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

801 Uno LAGO Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Juno Beach FL

City & State

4. FEI Number

59-2654199

Applied For

Not Applicable

Zip

33408

Country

Alm 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 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: DP  
 NAME: GRAZIOTTO, RAYMOND E.  
 STREET ADDRESS: 801 UNO LAGO DR.  
 CITY-ST-ZIP: JUNO BEACH FL  Delete

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

TITLE: VD  
 NAME: SOLOMON, JC  
 STREET ADDRESS: 801 UNO LAGO DR.  
 CITY-ST-ZIP: JUNO BEACH FL 33408  Delete

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

TITLE: DST  
 NAME: TAYLOR, WILLIAM E  
 STREET ADDRESS: 801 UNO LAGO DR.  
 CITY-ST-ZIP: JUNO BCH FL 33408  Delete

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

TITLE:  Delete

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

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 561-625-9443  
 Date Daytime Phone #