

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

0050012

04-25-2001 90152 048 \*\*\*\*\*61.25

**DOCUMENT # N93000004611**

1. Entity Name

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

Principal Place of Business

801 UNO LAGO DRIVE  
 JUNO BEACH FL 33408  
 US

Mailing Address

801 UNO LAGO DRIVE  
~~#21~~  
 JUNO BEACH FL 33408  
 US

2. Principal Place of Business

3. Mailing Address

801 UNO LAGO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Juno Beach FL

4. FEI Number

59-2654199

Applied For

Not Applicable

Zip

Country

Zip  
33408

Country

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	GRAZIOTTO, RAYMOND E.	
STREET ADDRESS	801 UNO LAGO DR.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOLOMON, JC	
STREET ADDRESS	801 UNO LAGO DR.	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM E	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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: 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)