

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004838

1. Entity Name

UNO LAGO NO. 6 CONDOMINIUM 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

2. Principal Place of Business

3. Mailing Address

801 Uno LAGO Drive

801 Uno LAGO Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Juno Beach FL

City & State

Juno Beach FL

Zip

33408

Country

Palm Beach

Zip

33408

Country

Palm Beach

4. FEI Number

59-2654220

Applied For

Not Applicable

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 II, J. C
801 UNO LAGO DRIVE
#24
JUNO BCH FL 33408

Name

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

801 UNO LAGO DRIVE

City

Juno Beach

FL

Zip Code

33408

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 GRAZOTTO, RAYMOND
STREET ADDRESS 801 UNIVERSE BLVD
CITY-ST-ZIP JUNO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS 801 UNO LAGO DRIVE
CITY-ST-ZIP JUNO BEACH FL 33408

☒ Change ☐ Addition

TITLE VD
NAME SOLOMON, J G I
STREET ADDRESS 801 UNO LAGO DR
CITY-ST-ZIP JUNO BCH FL 33408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DST
NAME TAYLOR, WILLIAM E
STREET ADDRESS 500 UNO LAGO DR
CITY-ST-ZIP JUNO BCH FL 33408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 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

Date

561-625-9443

Daytime Phone #