

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90049 021 \*\*\*150.00

0322140

**DOCUMENT # P95000060814**

1. Entity Name  
**LOXAHATCHEE INVESTORS, INC.**

Principal Place of Business <b>803 MAPLEWOOD DR          STE 37          JUPITER FL 33458          US</b>	Mailing Address <b>PO BOX 3351          TEQUESTA FL 33469          US</b>
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940010



DO NOT WRITE IN THIS SPACE

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 **65-0610022**      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

**GORE, H. GEARL  
 -801 MAPLEWOOD DRIVE  
 SUITE 17  
 JUPITER FL 33469**

Name **RICHARD C RATHKE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**803 MAPLEWOOD DR # 37**  
 City **JUPITER FL**      FL      Zip Code **33469**

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. **33458**

SIGNATURE *[Signature]* **RICHARD C. RATHKE**      DATE **Apr 3/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b>	<b>RATHKE, RICHARD C</b>	<b>801 MAPLEWOOD DRIVE, SUITE 17 JUPITER FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>SPITZNAGEL, WILLIAM F</b>	<b>801 MAPLEWOOD DRIVE, SUITE 17 JUPITER FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>GORE, H. GEARL</b>	<b>801 MAPLEWOOD DRIVE, SUITE 17 JUPITER FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>SPITZNAGEL, ROSMARIE</b>	<b>801 MAPLEWOOD DRIVE, SUITE 17 JUPITER FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Dir**      Date **Apr 4/01**      Daytime Phone # **561-7460980**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)