


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90094 048 ***150.00

DOCUMENT # P95000060814

1. Entity Name
LOXAHATCHEE INVESTORS, INC.



Principal Place of Business
**803 MAPLEWOOD DR
STE 37
JUPITER FL 33458
US**

Mailing Address
**PO BOX 3351
TEQUESTA FL 33469
US**



2. Principal Place of Business
501 MAPLEWOOD DR

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
JUPITER, FL

4. FEI Number **65-0610022**

Applied For
 Not Applicable

Zip **33458** Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RATHKE, RICHARD C
803 MAPLEWOOD DRIVE
#37
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **RICHARD C. RATHKE**

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

City **JUPITER** FL Zip Code **33458**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V P D	<input checked="" 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD C. RATHKE** 4/3/03 561-7460980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)