

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

0051578

**DOCUMENT # N30123**

1. Entity Name

**LAS FLORES AT MISSION BAY VILLAGE ASSOCIATION, I**

03-21-2001 90056 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**LAS FLORES AT MISSION BAY**  
**10320 FLORES DR**  
**BOCA RATON FL 33428**  
**US**

**LAS FLOES AT MISSION BAY**  
**10320 FLORES DR**  
**BOCA RATON FL 33428**  
**US**

00021101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0095334**

Applied For

Not Applicable

Zip

Country

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

**CAPLAN, LOUIS**  
**C/O ST. JOHN, DICKER & CAPLAN**  
**500 AUSTRALIAN AVE., SOUTH #600**  
**WEST PALM BEACH FL 33401**

Name **LOUIS CAPLAN C/O SACHS, SAX & KLEIN, PAI**  
 Street Address (P.O. Box Number is Not Acceptable) **301 YAMATO ROAD**  
**SUITE 4/150**  
 City **BOCA RATON** FL Zip Code **33431**

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]* **LOUIS CAPLAN**

**3/14/01**

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 **PD** ☐ Delete  
 NAME **MAUTER, JIM**  
 STREET ADDRESS **20950-D VIA OLEANDER**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **VD** ☐ Delete  
 NAME **SCERBO, WILLIAM**  
 STREET ADDRESS **20970-D VIA OLEANDER**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **SD** ☐ Delete  
 NAME **PLONSKY, BRYAN**  
 STREET ADDRESS **20930-1D VIA JASMINE**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES MAUTER, PRES.** **3/16/01**

Date

Daytime Phone #

CR2E037 (10/00)