

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90026 002 ***150.00

DOCUMENT # 130263

1. Entity Name
THE LAS OLAS COMPANY, INC.

Principal Place of Business 600 SAGAMORE ROAD FT LAUDERDALE FL 33301	Mailing Address 600 SAGAMORE ROAD FT LAUDERDALE FLA 33301-2215
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0198485	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KELLEY, PATRICK G. 600 SAGAMORE ROAD FORT LAUDERDALE FL 33301		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 _____ DATE _____
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. <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, JAMES N	NAME	
STREET ADDRESS	600 SAGAMORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, PRESTON A JR	NAME	
STREET ADDRESS	600 SAGAMORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS JR, THOMAS E	NAME	
STREET ADDRESS	600 SAGAMORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, MAUREEN R.	NAME	
STREET ADDRESS	600 SAGAMORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALECEK, JOSEPH E	NAME	
STREET ADDRESS	818 SE 4TH ST	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, HENRY L	NAME	
STREET ADDRESS	600 SAGAMORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	CITY-ST-ZIP	

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: Maureen R. Costello 2/3/00 (954) 463-5636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)