

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90365 018 ***150.00

DOCUMENT # 130263

1. Entity Name
THE LAS OLAS COMPANY, INC.

Principal Place of Business Mailing Address
600 SAGAMORE ROAD 600 SAGAMORE ROAD
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301

816733



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 **59-0198485**

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

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.
 (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	D	<input type="checkbox"/> Delete
NAME	HYDE, JAMES N	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, PRESTON A JR	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS JR, THOMAS E	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COSTELLO, MAUREEN R.	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALECEK, JOSEPH E	
STREET ADDRESS	818 SE 4TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, HENRY L	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT V. VANFLEET, JR.	
STREET ADDRESS	600 SAGAMORE RD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	
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		
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		

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: *Robert Van Fleet*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 28, 2001 **954-463-5630**
 Date Daytime Phone #

0241666

CR2E034 (10/00)