

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90140 018 ***150.00

0307243 AV

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 FL 33301**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-0198485**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLEY, PATRICK G.
600 SAGAMORE ROAD
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert VAN FLEET, JR. 600 SAGAMORE ROAD FT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JAMES I. ULLMER 600 SAGAMORE ROAD FT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T Joyce S. PALMIERI 600 SAGAMORE ROAD FT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA W. KENNEY 600 SAGAMORE Rd FT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT/D MALECEK, JOSEPH E. 818 S.E. 4TH ST. FT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN W. WELLS 600 SAGAMORE Rd FT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *James Ira Ullmer* **JAMES IRA ULLMER** 1/8/02 9544628639

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

CR2E034 (10/02)

Attachment # 130263

26011983

BOX (11) ADDITIONAL OFFICERS / DIRECTORS

D

Thomas E. Wells IV
600 Sagamore Road
Fort Lauderdale, FL 33301

D

Howard S. McCutcheon, Jr.
600 Sagamore Road
Fort Lauderdale, FL 33301

D

William H. Noyes III
600 Sagamore Road
Fort Lauderdale, FL 33301