

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90046 001 \*\*\*600.00

**DOCUMENT # 231450**

1. Entity Name

**LOST TREE VILLAGE CORPORATION**

Principal Place of Business

Mailing Address

**3300 PGA BLVD  
SUITE 805  
PALM BEACH GARDENS FL 33410**

**3300 PGA BLVD  
SUITE 805  
PALM BEACH GARDENS FL 33410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3399 PGA Blvd.**

3. Mailing Address

**3399 PGA Blvd.**

Suite, Apt. #, etc.

**Suite 260**

Suite, Apt. #, etc.

**Suite 260**

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

4. FEI Number

**59-0947833**

Applied For

Not Applicable

Zip  
**33410**

Country

**Palm Beach**

Zip  
**33410**

Country

**Palm Beach**

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

**STONE, HELEN E  
3300 PGA BLVD., STE 805  
PALM BEACH GARDENS FL 33410**

Name  
**Stone, Helen E**

Street Address (P.O. Box Number is Not Acceptable)  
**3399 PGA Blvd.**

**Suite 260**

City **Palm Beach Gardens**

**FL**

**33410**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **VD** ☐ Delete  
NAME **SHAFFER-BIGGS, MARGARET**  
STREET ADDRESS **3300 PGA BLVD., STE 805**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Shaffer-Biggs, Margaret**  
STREET ADDRESS **3399 PGA Blvd., Ste 260**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **D** ☐ Delete  
NAME **REYNOLDS, JOHN D**  
STREET ADDRESS **3300 PGA BLVD., STE 805**  
CITY-ST-ZIP **PALM BEACH GARDENS F 33410**

TITLE **D** ☒ Change ☐ Addition  
NAME **Reynolds, John D**  
STREET ADDRESS **3399 PGA Blvd., Ste 260**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **AS** ☐ Delete  
NAME **YAWN, TILARA**  
STREET ADDRESS **3300 PGA BLVD., STE 805**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **AS** ☒ Change ☐ Addition  
NAME **Yawn, Tilara**  
STREET ADDRESS **3399 PGA Blvd., Ste 260**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **STD** ☐ Delete  
NAME **REYNOLDS, SHEILA B**  
STREET ADDRESS **3300 PGA BLVD., STE 805**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Reynolds, Sheila B**  
STREET ADDRESS **3399 PGA Blvd., Ste 260**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **P** ☐ Delete  
NAME **BAYER, CHARLES M JR**  
STREET ADDRESS **3300 PGA BLVD., STE 805**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **P** ☒ Change ☐ Addition  
NAME **Bayer, Charles M. Jr**  
STREET ADDRESS **3399 PGA Blvd., Ste 260**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **V** ☐ Delete  
NAME **ZERBOCK, LAURA M**  
STREET ADDRESS **3300 PGA BLVD., STE 805**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **V** ☒ Change ☐ Addition  
NAME **Zerbock, Laura M**  
STREET ADDRESS **3399 PGA Blvd., Ste 260**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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:

*Margaret B. Shaffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)