

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 293884

1. Entity Name

LANTANA BOATYARD INC

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90227 027 \*\*\*150.00

Principal Place of Business

Mailing Address

808 N DIXIE HIGHWAY  
LANTANA FL 33462

808 N DIXIE HIGHWAY  
LANTANA FLA 33462-1803



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 **59-1097066**

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

LINDSAY, ALAN  
321 ROYAL PONCIANA PLAZA  
PALM BEACH FL

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

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, 2000 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	SD	<input type="checkbox"/> Delete
NAME	LINDSAY, ALAN	
STREET ADDRESS	321 ROYAL POINCIANA PL	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BAKER, DAVID H	
STREET ADDRESS	321 ROYAL POINCIANA PL	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DONNELLEY, ELLIOTT R	
STREET ADDRESS	808 N DIXIE HIGHWAY	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ELEANOR H WRIGHT	
STREET ADDRESS	808 N DIXIE HIGHWAY	
CITY-ST-ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindsay, Alan	
STREET ADDRESS	321 Royal Poinciana Pl	
CITY-ST-ZIP	Palm Bch, FL	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(561) 659-1770

Daytime Phone #

CR2E034 (9/99)