

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90058 038 ***150.00

DOCUMENT # 337100

1. Entity Name

ROCK LAKE, INC.

Principal Place of Business

Mailing Address

**499 ROYAL PALM WAY
BOCA RATON FL 33432**

**499 ROYAL PALM WAY
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

132 NORTH SWINTON AVE
Suite, Apt. #, etc.

132 N. SWINTON AVE
Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH FL.

DELRAY BEACH FL.

Zip

Country

Zip

Country

33444

USA

33444

USA

4. FEI Number

59-1488779

Applied For

Not Applicable

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

**THORNBROUGH, ALBERT A.
499 ROYAL PALM WAY
BOCA RATON FL 33432**

Name

STEVEN T. UTRECHT

Street Address (P.O. Box Number is Not Acceptable)

2295 CORPORATE BLVD

SUITE 211

City

BOCA RATON

FL

Zip Code

33431

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

STUtrecht

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

2/28/01

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. PRESIDENT, VICE PRESIDENT, SECRETARY AND TREASURER

TITLE **PD** ☒ Delete
NAME **THORNBROUGH, ALBERT A.**
STREET ADDRESS **499 ROYAL PALM WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **THORNBROUGH, A. GRANT** ☒ Change ☐ Addition
NAME **THORNBROUGH, A. GRANT**
STREET ADDRESS **132 NORTH SWINTON AVENUE**
CITY-ST-ZIP **DELRAY BEACH FLORIDA 33444**

TITLE **ST** ☒ Delete
NAME **THORNBROUGH, A. GRANT**
STREET ADDRESS **499 ROYAL PALM WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **THORNBROUGH** ☒ Change ☒ Addition
NAME **VICE PRESIDENT AND TREASURER**
STREET ADDRESS **THORNBROUGH, WAYNE D.**
CITY-ST-ZIP **132 NORTH SWINTON AVENUE**

TITLE **S** ☒ Delete
NAME **ADLER, KARL W. (ASST)**
STREET ADDRESS **1700 NE 26TH ST SUITE 3**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DELRAY BEACH FLORIDA** ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **THORNBROUGH, ALBERT A.**
CITY-ST-ZIP **499 ROYAL PALM WAY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BOCA RATON, FLORIDA 33432** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *A. Grant Thornbrough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. GRANT THORNBROUGH

4.25.01

Date

561 276-5050

Daytime Phone #

CR2E034 (10/00)