

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90022 024 ***550.00

DOCUMENT # 337100

1. Entity Name
ROCK LAKE, INC.

Principal Place of Business

**132 N SWIMTON AVE
 DELRAY BEACH FL 33444**

Mailing Address

**132 N SWIMTON AVE
 DELRAY BEACH FL 33444**

2. Principal Place of Business

132 Swinton Ave

3. Mailing Address

132 Swinton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33444

Country

USA

Zip

33444

Country

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

**UTRECHT, STEVEN T
 2295 CORPORATE BLVD
 STE 211
 BOCA RATON FL 33431**

spelling wrong. →

7. Name and Address of New Registered Agent

Name

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

2295 Corporate Blvd.

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, 2002 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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VT** ☐ Change ☒ Addition
 NAME **Wayne D. Thornbrough**
 STREET ADDRESS **60 East End Avenue**
 CITY-ST-ZIP **NY. N.Y. 10028**

TITLE **D** ☐ Change ☒ Addition
 NAME **Susan T. Stager**
 STREET ADDRESS **9220 S.W. 76th Terr.**
 CITY-ST-ZIP **Miami, FL 33143-3503**

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president 8.12.02 561 276-5050

Date

Daytime Phone #

CR2E034 (9/01)