FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90119 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570751

1. Entity Name
BOCA LAGO RESALES AND RENTALS COMPANY

11028918

Principal Place of Business:
200 ADMIRALS COVE BLVD.
JUPITER, FL 33477

Mailing Address:
200 ADMIRALS COVE BLVD.
JUPITER, FL 33477

[redacted]

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

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-1890732 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HYMAN, SHERRY L.
200 ADMIRALS COVE BLVD.
JUPITER, FL 33477

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, name or printed name of registered agent and title if applicable. NOTE: Registered Agent signature this section is mandatory.

[redacted]

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	V	☐ Delete
NAME	SCHACHER, MARVIN	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VPD	☐ Delete
NAME	FRANKEL, BENJAMIN	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	
CITY-ST-ZIP	JUPITER, FL	
TITLE	PST	☐ Delete
NAME	FRANKEL, THOMAS	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	
CITY-ST-ZIP	JUPITER, FL	
TITLE	STD	☐ Delete
NAME	FRANKEL, WILLIAM	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CTDEF04 (10/02)

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: _____ 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #