

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 629002**

1. Entity Name

**LANAIR PARK IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business

**2454 HENRIETTA COURT  
LANTANA FL 33462**

Mailing Address

**2454 HENRIETTA COURT  
LANTANA FL 33462-2532**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0164609**

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

**JOHN S. DORAN  
2487 SUN-UP LANE  
LANTANA FL 33462**

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	CARLSON, RICHARD	
STREET ADDRESS	2377 CRAWFORD CT	
CITY-ST-ZIP	LANTANA FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	WOOLF, JOSEPH W.	
STREET ADDRESS	2454 HENRIETTA COURT	
CITY-ST-ZIP	LANTANA FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	CHANNELL, KEITH	
STREET ADDRESS	2449 DONNA COURT	
CITY-ST-ZIP	LANTANA FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	MICHAEL, LEE	
STREET ADDRESS	6235 BOYD LANE	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Joseph W. Woolf**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-17-2000 561-586-5551****FILED  
Jan 25, 2000 8:00 am  
Secretary of State**

01-25-2000 90015 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE