## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

2454 HENRIFTTA COURT

## DOCUMENT # 629002

1. Entity Name

Principal Place of Business

2454 HENRIETTA COURT

LANAIR PARK IMPROVEMENT ASSOCIATION, INC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90126 033 \*\*\*150.00

20004965

LANTANA FL 33462		LANTANA	LANTANA FL 33462				20084362			
-2Principat	Place of Business	3. Mailing	3. Mailing Address					<del>                                      </del>	<b>                                   </b>	
Suite, Ap	t. #, etc.	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & St	ate	City & S	City & State			4.	4. FEI Number 65-0164609 Applied For			
Zip Country		Zip	Zip		Country				\$8.75 A	Not Applicable
	6. Name and Address of (	Turrent Registered A	Registered Agent				Certificate of Status Desired		Fee Requi	red
	Catherine	orient negistered A	gent		Name	7.	Name and Address of New Re	gistered	Agent	
WOOLF, CATHERINA							· · · · · · · · · · · · · · · · · · ·			
2454 HENRIETTA CT.					Street Address (P.O. Box Number is Not Acceptable)					
LANTANA FL 33462						-		<del></del> -		
					City	_	<del></del>	— <u>—</u>	Zip Co	ide
8. The above	e named entity submits this state	ment for the purpose	of changing its re	agistorod	office or re-	aintered as		FL	_ 1 '	
the obliga	ations of registered agent.		or origing no ic	gistoreo	CHICE OF TE	gistered ag	gent, or both, in the State of Flor	ida. I am i	amiliar with	n, and accept
SIGNATURE										
	Signature, typed or printed name of register		(NOTE: R	Registered A	Agent signature re	squired when re	einstating)	DATE		
	FILE NOW!!! .FEE IS \$150. Ir May 1, 2003 Fee will be \$5	00				-	9. Election Campaign Fina			
Make Chec	k Payable to Florida Departn	nent of State					Trust Fund Contribution.		<b>\$5.</b> ( ] Adde	00 May Be ed to Fees
10. OFFICERS AND DIRECTORS				11,	<del></del>	Δ.Γ	DITIONS (CHANGES TO OFFIC		DIDECTO	
TITLE	VP		☐ Delete	TITLE			DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR  Change	RS IN 11
NAME STREET ADDRESS	CARLSON, RICHARD 2377 CRAWFORD CT			NAME					☐ Change	L Augulon
CITY-ST-ZIP	LANTANA FL			STREET A	ADDRESS .					
TITLE	T		Delete	TITLE			<del></del>			
NAME	WOOLF, JOSEPH W.		LJ DOIGIG	NAME					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2454 HENRIETTA COURT				ADDRESS					
TITLE	L'ANTANA FL P			CITY-ST	-ZIP					
NAME	CHANNELL, KEITH		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	2449 DONNA COURT		ſ	STREET A	ADDRESS					
CITY-ST-ZIP	LANTANA FL			CITY-ST-						
TITLE	S		Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	MICHAEL, LEE 6235 BOYD LANE			NAME						
CITY-ST-ZIP	LANTANA FL			STREET A	!					
TITLE			☐ Delete	TITLE	-		· ·	<del>_</del> .		[ ] Address
NAME			J	NAME				• •	□ Change	Addition (
STREET ADDRESS CITY-ST-ZIP				STREET A	<b>I</b>					
TITLE			<del>-</del>	CITY-ST-	ZIP					
NAME		L	□ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			ľ	STREET AL	DDRESS					
CITY-ST-ZIP				CITY-ST-						
12. Thereby o	ertify that the information supplie	d with this filing days								

12. I nereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

19/02

561-586-555,