

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90054 026 ****61.25

DOCUMENT # 711854

1. Entity Name

LAKE PARK GARDENS #4. INC.

Principal Place of Business

Mailing Address

4770 NORTHWEST 10TH COURT
PLANTATION FL 33313

4770 NORTHWEST 10TH COURT
PLANTATION FL 33313-6584

913575

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1162463

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILES, JAMES
C/O CONSOLIDATED MGMT
7686 WILES ROAD
CORAL SPRINGS FL 33067

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME DUCKWORTH, EDWARD
STREET ADDRESS 4770 NORTHWEST 10TH COURT #206
CITY-ST-ZIP PLANTATION FL 33313

TITLE D ☐ Delete
NAME MCLEOD, MAPLE
STREET ADDRESS 4770 NW 10TH CT #218
CITY-ST-ZIP PLANTATION FL 33313

TITLE D ☐ Delete
NAME GOMBERT, GARY
STREET ADDRESS 4770 NW 10TH CT #208
CITY-ST-ZIP PLANTATION FL 33313

TITLE D ☒ Delete
NAME HENDERSON, JOHN
STREET ADDRESS 4770 NW 10TH CT #202
CITY-ST-ZIP PLANTATION FL 33313

TITLE D ☐ Delete
NAME WHITTAKER, MARJORIE
STREET ADDRESS 4770 NW 10TH CT #304
CITY-ST-ZIP PLANTATION FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V.P. ☐ Change
NAME GAITHER, PERSHAD
STREET ADDRESS 4770 NW 10 CT, PLANTATION
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Maple A. McLeod 1/28/00 (954) 236