2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am **DOCUMENT # 737793 Secretary of State** 1. Entity Name SPRINGBROOK GARDENS, INC., A CONDOMINIUM 07-19-2001 90234 031 ****61.25 Principal Place of Business Mailing Address 125 N BRICH RD C/O MARK LAMBERT AUUVOSAU FT LAUDERDALE FL 33304 125 N BIRCH RD #108 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address 125 N BIRCH RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1809263 H. LAUDERDALE Not Applicable Zip 33304 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAMBERT, MARK 125 N BIRCH RD #108 FT! LAUDERDALE FL 33304 City Zip Code FL 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 /TMEASUREN **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DINGCTOR ☐ Delete TITLE ✓ Addition JONES, GEORGE NAME CARUL LEWANDOWSKT NAME 125 N. BIRCH ROAD #203 STREET ADDRESS STREET ADDRESS 125 N BIRCH RO \$404 CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP FT. LAVOENDALE FL 33304 DT Presibent TITLE ☐ Delete TITLE (A) Change Addition LAMBERT, MARK --NAME NAME - - -GEORGE JOMES · 100 may 12 STREET ADDRESS 125 N BIRCH RD #108 STREET ADDRESS 125 N BIRCH RD \$ 203 CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP FT. LAMBROALD FL 93364 TITLE DIRECTOR Delete TITLE **№**Addition Change SOMERVILLE, PAT NAME tom ANDERTEN NAME STREET ADDRESS 125 N BIRCH RD. #304 STREET ADDRESS 125 N Brack RD 1 301 CITY-ST-7IP FT LAUDERDALE FL CITY-ST-ZIP Fr. WroEnDANO EL 33304 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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954-764-7144

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