

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90265 043 \*\*\*\*61.25

**DOCUMENT # 754306**

1. Entity Name

**WOODLAKE ISLES, INC.**

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT, INC.  
1189 SAWGRASS CORPORATE PARKWAY  
SUNRISE FL 33323  
US

C/O MIAMI MANAGEMENT, INC.  
1189 SAWGRASS CORPORATE PARKWAY  
SUNRISE FL 33323  
US

2. Principal Place of Business

3. Mailing Address

**C/O CONSOLIDATED COMM. MGMT**  
Suite, Apt. #, etc.

**C/O CONSOLIDATED COMM. MGMT**  
Suite, Apt. #, etc.

**10034 W. McNAB ROAD**

**10034 W. McNAB ROAD**

City & State  
**TAMARAC, FLORIDA**

City & State  
**TAMARAC, FLORIDA**

Zip Country  
**33321-1815 BROWARD**

Zip Country  
**33321-1815 BROWARD**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIAMI MANAGEMENT INC  
1189 SAWGRASS CORPORATION PARKWAY  
SUNRISE FL 33323

Name  
**CONSOLIDATED COMMUNITY MANAGEMENT, INC.**  
Street Address (P.O. Box Number is Not Acceptable)

**10034 W. McNAB ROAD**  
City  
**TAMARAC** FL Zip Code  
**33321-1815**

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 NAME STREET ADDRESS CITY-ST-ZIP	ASD SHLOSS, JAN 705 BANKS ROAD MARGATE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUCHNICK, SID 687 BANKS RD MARGATE, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHINARIS, JERRY 717 BANKS ROAD MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSS, SHARON 743 BANKS RD MARGATE, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, HILDA 741 BANKS RD MARGATE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY WHALEN 725 BANKS ROAD MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GLENN LAUREN 671 BANKS ROAD MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LEO COMISKEY 767 BANKS ROAD MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-2001**

CR2E037 (10/00)