

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90021 031 \*\*\*\*61.25

628370



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 755099**

1. Entity Name

**LAKE EDEN GARDENS & CRYSTAL LAKE CLUB MOBILE HOM**

Principal Place of Business

Mailing Address

5905 S W 34TH TERRACE  
 FT. LAUDERDALE FL 33312  
 US

5905 S W 34TH TERRACE  
 FT. LAUDERDALE FL 33312-6357  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2148141

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALVES, C. DOUGLASS  
 3482 SW 57TH PLACE  
 FT LAUDERDALE FL 33312

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

T ☐ Delete  
 NAME KETCHEN, LOUIS  
 STREET ADDRESS 5845 SW 34TH TERRACE  
 CITY-ST-ZIP FT LAUDERDALE FL 33312

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D ☐ Delete  
 NAME BORNHANN, WILLIAM  
 STREET ADDRESS 3474 SW 59TH ST  
 CITY-ST-ZIP FT LAUDERDALE FL 33312

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D ☐ Delete  
 NAME BLAIR, SALLY  
 STREET ADDRESS 5905 SW 34 TERRACE  
 CITY-ST-ZIP FT LAUDERDALE FL 33312

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

S ☐ Delete  
 NAME BOCHENEK, ALICE  
 STREET ADDRESS 5792 S W 35TH AVENUE  
 CITY-ST-ZIP FT LAUDERDALE FL 33312

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

T ☐ Delete  
 NAME WASSON, JEANNE  
 STREET ADDRESS SW 59TH ST  
 CITY-ST-ZIP FT LAUDERDALE FL 33312

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D ☐ Delete  
 NAME DIFRANCO, CATHERINE  
 STREET ADDRESS 5799 S.W. 34TH TERRACE  
 CITY-ST-ZIP FT LAUDERDALE FL

☐ Change ☐ Addition  
 TITLE  
 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 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** *Louis Ketchen* 3-18-2000 (954) 966-1528  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)