

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762913

1. Entity Name

LIGHTHOUSE POINT FLOTILLA 37, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90007 013 ****61.25

Principal Place of Business

Mailing Address

% CARL FREDRICKS
 2348 NE 30TH COURT
 LIGHTHOUSE POINT FL 33064-133
 US

% CARL FREDRICKS
 2348 NE 30TH COURT
 LIGHTHOUSE POINT FL 33064-8133
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2375231

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

FREDRICKS, CARL
 2348 NE 30TH COURT
 LIGHTHOUSE POINT FL 33064

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 PD ☐ Delete
 NAME SAFONTE, JOSEPH
 STREET ADDRESS 4341 CORAL SPRINGS DR
 CITY-ST-ZIP CORAL SPGS FL 33065

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

TITLE DD ☐ Delete
 NAME FREDRICKS, CARL
 STREET ADDRESS 2348 NE 30TH CT
 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064-8133

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

TITLE VD ☐ Delete
 NAME BURROWS, ALLAN M
 STREET ADDRESS 2661 NE 47 STREET
 CITY-ST-ZIP LIGHTHOUSE PT FL 33064

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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: *Carl Fredricks* Carl Fredricks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)