

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# 762913

1. Entity Name

LIGHTHOUSE POINT FLOTILLA 37, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90106 047 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2375231

Applied For

Not Applicable

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

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

TITLE DD
NAME FREDRICKS, CARL ☐ Delete
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
NAME BURROWS, ALLAN M ☐ Delete
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL FREDRICKS

4/20/01 914-786-1797

Date Daytime Phone #

CR2E037 (10/00)