

2000 UNIFORM BUSINESS REPORT (UBR)

000R110 AF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 6:19



DO NOT WRITE IN THIS SPACE

DOCUMENT # A92000000196
1. Entity Name
 LAKEPALM SC COMPANY, LTD.

Principal Place of Business 1733 W. FLETCHER AVENUE TAMPA FL 33612	Mailing Address 1733 W. FLETCHER AVENUE TAMPA FL 33612-1820
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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 59-3157558	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
 802 11TH STREET WEST
 BRADENTON FL 34205

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$194,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P94000003725
NAME	FLORIDA CORPORATE, INC.
STREET ADDRESS	1733 W. FLETCHER AVENUE
CITY - ST - ZIP	TAMPA FL 33612
DOCUMENT #	G66830
NAME	NORTAM CORPORATION
STREET ADDRESS	550 MAMARONECK AVENUE, STE. 404
CITY - ST - ZIP	HARRISON NY 10528
DOCUMENT #	G66829
NAME	TAMNOR CORPORATION
STREET ADDRESS	C/O 60 EAST 42ND STREET, 53RD FLOOR
CITY - ST - ZIP	NEW YORK NY 10165
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	700003189107--3
	-03/29/00--01075--022
	****526.25 ****526.25
CITY - ST - ZIP	BK
CITY - ST - ZIP	3/20
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ **SIGNATURE REQUIRED** **3/13/00** **813-960-8154**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)