

2000 UNIFORM BUSINESS REPORT (UBR)

0007305 AF

DOCUMENT # A98000001691

1. Entity Name

LAKEVIEW CLUB, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

[Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1300 W. FLORIDA MANGO RD., SUITE 15
WEST PALM BEACH FL 33409

Mailing Address
1300 W. FLORIDA MANGO RD., SUITE 15
WEST PALM BEACH FL 33409-5255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3525927

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name Bruce A. MALASKY
Street Address (P.O. Box Number is Not Acceptable) 1300 W. FLORIDA MANGO RD.
SUITE 15
City WEST PALM BEACH FL 33409

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] - Bruce A. MALASKY

(NOTE: Registered Agent signature required when reinstating)

DATE

11/13/00

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # A99000000929
NAME LAKEVIEW CLUB GP, LTD.
STREET ADDRESS 1300 W. FLORIDA MANGO RD., SUITE 15
CITY - ST - ZIP WEST PALM BEACH FL 33409

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Signature] Bruce A. MALASKY 11/13/00 561-471-8600

CR2E003 (9/99)