

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F28990**1. Entity Name  
**BROWARD LAKES REALTY CORPORATION**

Principal Place of Business	Mailing Address
4000 HOLLYWOOD BOULEVARD	4000 HOLLYWOOD BOULEVARD
SUITE 425 SOUTH	SUITE 425 SOUTH
HOLLYWOOD FL	HOLLYWOOD FL
33021	33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2789903**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****LAMONT AND NEIMAN P.A.**  
**2 S. BISCAYNE BLVD.**  
**SUITE 3550**  
**MIAMI FL**  
**33131 US****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 \_\_\_\_\_ **01/10/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, RICHARD L	
STREET ADDRESS	4000 HOLLYWOOD BL 425 SO	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MANSELL, PATRICK J	
STREET ADDRESS	4000 HOLLYWOOD BL 425 SO	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, RICHARD L	
STREET ADDRESS	4000 HOLLYWOOD BL 425 SO	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSELL, PATRICK J	
STREET ADDRESS	4000 HOLLYWOOD BL 425 SO	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Patrick J. Mansell

EVP

01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)