

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F38388

1. Entity Name

LAKES OF CARRIAGE HILLS, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90059 050 \*\*\*150.00

Principal Place of Business

9000 SHERIDIAN STREET  
SUITE 130  
PEMBROKE PINES FL 33024

Mailing Address

9000 SHERIDIAN STREET  
SUITE 130  
PEMBROKE PINES FL 33024-8801

2. Principal Place of Business

21011 Johnson Street

Suite, Apt. #, etc.

Suite 101

City & State

Pembroke Pines, Florida

Zip

33029

Country

3. Mailing Address

21011 Johnson Street

Suite, Apt. #, etc.

Suite 101

City & State

Pembroke Pines, Florida

Zip

33029

Country

4. FEI Number

59-2115677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOENIG, PAUL M  
9000 SHERIDAN STREET  
SUITE 130  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

same

Street Address (P.O. Box Number is Not Acceptable)

21011 Johnson Street

Suite 101

City

Pembroke Pines

FL

Zip Code

33029

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

9. 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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDS  
KOENIG, PAUL  
9000 SHERIDAN ST.  
HOLLYWOOD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
KOENIG, MICHAEL  
9000 SHERIDAN ST.  
PEMBROKE PINES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
KOENIG, MICHAEL  
9000 SHERIDAN ST.  
PEMBROKE PINES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
21011 Johnson Street, Suite 101  
Pembroke Pines, Florida 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
21011 Johnson Street, Suite 101  
Pembroke Pines, Florida 33029

TITLE  
NAME  
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21011 Johnson Street, Suite 101  
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NAME  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Koenig, Vice President 2/7/00 954-436-9000

Date

Daytime Phone #