

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F96000002516**1. Entity Name  
**LAKE CHARLES DEVELOPMENT CORP.**

Principal Place of Business	Mailing Address
1850 FOUNTAINVIEW BLVD.	1850 FOUNTAINVIEW BLVD.
STE 201	STE 201
PT ST LUCIE FL	PT ST LUCIE FL
34986 US	34986 US

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

**13-3890796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****HEGENER PAUL J**  
**1740 SW ST LUCIE W BLVD****PT ST LUCIE FL**  
**34986 US****7. Name and Address of New Registered Agent**

Name

**HEGENER PAUL J**

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

**1850 FOUNTAINVIEW BLVD****SUITE 201**

City

**PT ST LUCIE****FL**Zip Code  
**34986**

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)

**04/26/2001**

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, 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	VTD	<input type="checkbox"/> Delete
NAME	ANDERSON JAMES H	
STREET ADDRESS	1740 SW ST LUCIE W BLDV	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	PAGE DAVID C	
STREET ADDRESS	1740 SW ST LUCIE W BLVD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	

TITLE	DP	<input type="checkbox"/> Delete
NAME	HEGENER PAUL J	
STREET ADDRESS	1740 SW ST LUCIE W BLVD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	

TITLE	D	<input type="checkbox"/> Delete
NAME	ABDO FRANK J	
STREET ADDRESS	1350 NE 56TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	

TITLE	DC	<input type="checkbox"/> Delete
NAME	ABDO JOHN E	
STREET ADDRESS	1350 NE 56TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVAN ALAN	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	

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

TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON JAMES H	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD, SUITE 201	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE DAVID C	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD, SUITE 201	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGENER PAUL J	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD, SUITE 201	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT GLEN R	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	

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:** Paul J. Hegener

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

\*\*\*\*\*  
**ABDO, FRANK J. - DIRECTOR**  
**1350 NE 56TH ST**  
  
**FT. LAUDERDALE, FL 33334**