

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20792
Entity Name
LAKEVIEW CLUB APARTMENTS, INC.

Principal Place of Business
5301 SW 92nd Ave
Unit A
Miami, FL 33176

Mailing Address
9301 SW 92nd Ave
Unit A
Miami, FL 33176
US

3. Mailing Address
3930 RCA Blvd.
Suite, Apt. #, etc.
Ste. 3008

City & State
Palm Beach Gardens, FL

4. FEI Number
65-0250257

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

FILED
00 JUN 27 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/7/00 90444/015 \$150.00
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Niles, D. Justin
9301 SW 92nd Ave
Unit A
Miami, FL 33176

7. Name and Address of New Registered Agent
Name
Milton S. Jennings
Street Address (P.O. Box Number is Not Acceptable)
3930 RCA Blvd.
Ste. 3008
City
Palm Beach Gardens, FL Zip Code
33410

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 Milton S. Jennings, R.A./Pres. 04/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PTD Jennings, Milton S. 9301 SW 92nd Ave Unit A Miami, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3930 RCA Blvd. Ste. 3008 Palm Beach Gardens, FL 33410
DVS Eckroade, Carolyn E. 9301 SW 92nd Ave Unit A Miami, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3930 RCA Blvd. Ste. 3008 Palm Beach Gardens, FL 33410
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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; and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE Carolyn E. Eckroade 4/24/00 (561) 799-8002
Signature and typed or printed name of signing officer or director