

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03099

1. Entity Name

LANTANA AIRPARK USERS ASSOCIATION, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90123 037 ****61.25

Principal Place of Business

2633 W LANTANA RD
SUITE 8
LANTANA FL 33462

Mailing Address

2633 W LANTANA RD
SUITE 8
LANTANA FL 33462-2477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2409775

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

SYKES, WALTER C.
906 N. SWINTON AVENUE
DELRAY BEACH FL 33444

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SYKES, WALTER C.
STREET ADDRESS 906 SWINTON AVENUE
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☐ Delete
NAME HAROLD, GILMORE
STREET ADDRESS 7020 HALF MOON CIRCLE
CITY-ST-ZIP HYPOLUXO FL

TITLE STD ☐ Delete
NAME FRICK, PAT
STREET ADDRESS 5880 N OCEAN DRIVE
CITY-ST-ZIP OCEAN RIDGE FL

TITLE D ☐ Delete
NAME MILLER, HAROLD
STREET ADDRESS 166 LUCINA DRIVE
CITY-ST-ZIP HYPOLUXO FL

TITLE D ☐ Delete
NAME MILLER, KAREN C
STREET ADDRESS 166 LUCINA DRIVE
CITY-ST-ZIP HYPOLUXO FL

TITLE D ☐ Delete
NAME BASSETT, FORD
STREET ADDRESS 140 GREENBRIAR DR.
CITY-ST-ZIP PALM SPRINGS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN C. MILLER 4/17/2000 506 4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)