

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38913

1. Entity Name

LAKES OF DELRAY WE CARE, INC.

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90020 013 ****61.25

0076501

Principal Place of Business

Mailing Address

15055 ASHLAND BOULEVARD
DELRAY BEACH FL 33484
US

% HERBERT ADELMAN
5598 WITNEY DRIVE APT. 212
DELRAY BEACH FL 33484

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

65-0208939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADELMAN, HERBERT
5598 WITNEY DR #212
DELRAY BEACH FL 33484

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 SD ☐ Delete

NAME PLATZNER, NORMA
STREET ADDRESS 15345 LAKES OF DELRAY BLVD #82
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE D ☐ Delete

NAME SHNEIDER, IRVING
STREET ADDRESS 15109 ASHLAND DR. #324
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE TD ☐ Delete

NAME ADELMAN, HERBERT
STREET ADDRESS 5598 WITNEY DR #212
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE D ☒ Delete

NAME TEGER, LEON
STREET ADDRESS 15036 ASHLAND LN #69
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE PD ☐ Delete

NAME FINKELSTEIN RHEA
STREET ADDRESS 15036 ASHLAND DR. #41
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME VPD LAWRENCE JEROME
STREET ADDRESS 5550 WITNEY DRIVE #308
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Herbert Adelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

(561) 495-9585

Date

Daytime Phone #

CR2E037 (9/01)