

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90075 010 ****61.25

DOCUMENT # N38913

1. Entity Name

LAKES OF DELRAY WE CARE, INC.



Principal Place of Business

**15055 ASHLAND BOULEVARD
DELRAY BEACH FL 33484
US**

Mailing Address

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

90000191



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0208939**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **TD** ☐ Delete
NAME **ADELMAN, HERBERT**
STREET ADDRESS **5598 WITNEY DR #212**
CITY-ST-ZIP **DELRAY BCH FL 33484**

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

TITLE **VPD** ☐ Delete
NAME **LAWERENCE, JEROME**
STREET ADDRESS **5550 WITHEY DRIVE #308**
CITY-ST-ZIP **DELRAY BCH FL 33484**

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

TITLE **PD** ☐ Delete
NAME **FINKELSTEIN RHEA**
STREET ADDRESS **15036 ASHLAND DR. #41**
CITY-ST-ZIP **DELRAY BCH FL**

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

TITLE ☐ Delete
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 REQUIRED** *Herbert Adelman* **1/7/03** **(561) 495-9185**

CR2E037 (10/02)