

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

N51336

ARCOLA LAKE COMMUNITY ASSOCIATION

Principal Place of Business

Mailing Address

MIAMI, FL

8415 N. W. 12th Avenue
MIAMI, FL 33150

2. Principal Place of Business

Miami, FL

3. Mailing Address

8415 N. W. 12th Ave.

Suite, Apt. #, etc.

8415 N. W. 12th. Ave

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip

33150

Country

U. S. A.

Zip

33150

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rev, Irvin Elligan, Jr.
8431 N. W. 12th. Ave
Miami, FL 33150

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P-T
Shirley Lindsay
Miami, FL 33150
8415 NW 12th Ave.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Irvin Elligan, Jr D-T
8431 N. W. 12th. Ave.
Miami, FL 33150

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Maria Jerkins D
1066 N. W. 85th. St
Miami FL 33150

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Louella Grayson D
8465 NW 12th. Ave.
Miami, FL 33150

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dudley Pinder D
1145 N. W. 83rd St.
Miami FL 33150

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Irvin Elligan, Jr.
Irvin Elligan, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-2000

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90005 045 ****70.00

00066900

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For
☐ Not Applicable

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