2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # CORRECTION — CHECK SENT PREVIOUSLY
P00000005784

1. Entity Name
ASHBOURNE LAKE CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 29 PM 1:39

Principal Place of Business	Mailing Address
1600 NW 2 AVE SUITE 16 BOCA RATON, FL 33432	1600 NW 2 AVE SUITE 16 BOCA RATON, FL 33432

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997136 ☐ 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
LAWRENCE A. CAPLAN, PA 2200 CORPORATE BLVD SUITE 314 BOCA RATON, FL 33431	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 _____ LAWRENCE A. CAPLAN 5/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] PRESIDENT, DIRECTOR 1600 NW 2 AVE BOCA RATON, FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. RICHARD YUSEM 1600 NW 2nd AVE. BOCA RATON, FL 33432 ☒ Change ☐ Addition REMOVED
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Henry Yusem - PRESIDENT 7393 ORANGEWOOD LANE BOCA RATON, FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900004335889--5 -05/31/01--01039--025 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/13/01 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 561-394-5101
Date Daytime Phone #