

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90381 003 \*\*\*150.00

**DOCUMENT # P00000006133**

1. Entity Name

**LAKECREST OFFICE MANAGERS, INC.**

Principal Place of Business

C/O STANLEY D. GOTTSEGEN, ESQ.  
 ONE BOCA PLACE, 2255 GLADES RD. STE#411-E  
 BOCA RATON FL 33431

Mailing Address

C/O STANLEY D. GOTTSEGEN, ESQ.  
 ONE BOCA PLACE, 2255 GLADES RD. STE#411-E  
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEJ Number

65-0979172

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

GOTTSEGEN, STANLEY D ESQ.  
 C/O STANLEY D. GOTTSEGEN, ESQ.  
 ONE BOCA PLACE, 2255 GLADES RD. STE#411-E  
 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

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	D	<input type="checkbox"/> Delete
NAME	GOTTSEGEN, EILEEN	
STREET ADDRESS	2255 GLADES ROAD SUITE 411-E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALAMUD, NEIL	
STREET ADDRESS	1717 2ND STREET SUITE D	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHRENSTEIN, GABRIEL	
STREET ADDRESS	2255 GLADES ROAD SUITE 411-E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley D. Gottsegen

Eileen R. Gottsegen

Eileen R. GOTTSEGEN

Date

3/2/01

Daytime Phone #

50-994-2212

4/6/01

CR2E034 (10/00)