

## 2000 UNIFORM BUSINESS REPORT, (UBR)

2/

DOCUMENT # P94000010780

1. Entity Name

D R LAKES, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90022 047 \*\*\*150.00

Principal Place of Business

1800 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33401

Mailing Address

1800 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33401-2002

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0466900

☐ Applied For  
☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPITZ, FRED~~  
 1800 PALM BEACH LAKES BLVD  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: MICHAEL E. WOOD  
 Street Address (P.O. Box Number is Not Acceptable):  
 1800 PALM BEACH LAKES BLVD.

City: WEST PALM BEACH FL Zip Code: 33401

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 MICHAEL WOOD VICE PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/00  
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, 2000 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

TITLE: PD  
 NAME: DELLA RATTA, JOSEPH M  
 STREET ADDRESS: 18385 SE VILLAGE CIRCLE  
 CITY-ST-ZIP: TEQUESTA FL ☐ Delete

TITLE: V  
 NAME: DELLA RATTA, JAMES J.  
 STREET ADDRESS: 7061 COPPERWOOD WAY  
 CITY-ST-ZIP: COLUMBIA MD ☐ Delete

TITLE: S  
 NAME: DELLA RATTA, J RAPHAEL  
 STREET ADDRESS: RT 91  
 CITY-ST-ZIP: GLENWOOD MD ☐ Delete

TITLE: T  
 NAME: RATTA-REDMOND, JENNIFER DELLA  
 STREET ADDRESS: 2257 NO VERNON ST  
 CITY-ST-ZIP: ARLINGTON VA 22207 ☐ Delete

TITLE: VS  
 NAME: WOOD, MICHAEL E  
 STREET ADDRESS: 1800 PALM BEACH LAKES BLVD  
 CITY-ST-ZIP: WEST PALM BEACH FL ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☒ Change ☐ Addition  
 NAME: 627 BRACKENWOOD COVE  
 STREET ADDRESS: PALM BEACH GARDENS, FL. 33410  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☒ Change ☐ Addition  
 NAME: - 3890 RT. 97  
 STREET ADDRESS: GLENWOOD, MD. 21738  
 CITY-ST-ZIP: ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 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:

SIGNATURE MICHAEL WOOD VICE PRESIDENT

1/14/00

561-683-8810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)