

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000010780**

1. Entity Name

**D R LAKES, INC.****FILED****Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90109 047 \*\*\*150.00

0280546

Principal Place of Business Mailing Address  
**1800 PALM BEACH LAKES BLVD.** **1800 PALM BEACH LAKES BLVD.**  
**WEST PALM BEACH FL 33401** **WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**WOOD, MICHAEL E**  
**1800 PALM BEACH LAKES BLVD**  
**WEST PALM BEACH FL 33401**

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1211 SOUTH EADS ST. #1801  
CITY-ST-ZIP ARLINGTON, VA.

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ 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

**MICHAEL WOOD**

1/11/2001

Date

561-683-8810

Daytime Phone #

CR2E034 (10/00)