

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90014 002 \*\*\*150.00

**DOCUMENT # P94000010780**

1. Entity Name  
**D R LAKES, INC.**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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 APLM 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, 2002 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** ☐ Delete  
 NAME **DELLA RATTI, JOSEPH M**  
 STREET ADDRESS **18385 SE VILLAGE CIRCLE**  
 CITY-ST-ZIP **TEQUESTA FL**

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

TITLE **V** ☒ Delete  
 NAME **DELLA RATTI, JAMES J.**  
 STREET ADDRESS **627 BRAKENWOOD COVE**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

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

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

TITLE **T** ☐ Delete  
 NAME **RATTI-REDMOND, JENNIFER DELLA**  
 STREET ADDRESS **1211 SOUTH EADS ST #1801**  
 CITY-ST-ZIP **ARLINGTON VA**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4271 N. 38th Street**  
 CITY-ST-ZIP **Arlington, VA 22207**

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED MICHAEL WOOD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/2002**  
 Date

**561-683-8810**  
 Daytime Phone #

CR2E034 (9/01)