

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90101 006 ***150.00

DOCUMENT # P94000039410

1. Entity Name

LAUREL FALLS DEVELOPMENT CORPORATION

Principal Place of Business

10718 KIRKALDY LANE
 BOCA RATON FL 33498
 US

Mailing Address

10718 KIRKALDY LANE
 BOCA RATON FL 33498
 US

2. Principal Place of Business

4800 NORTH FEDERAL HWY.

3. Mailing Address

Suite, Apt. #, etc.

SANCTUARY CENTRE, STE. D-100

City & State
 BOCA RATON, FL

Zip Country
 33431 USA

City & State

Zip Country

4. FEI Number **58-2116331**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LICHTMAN, JONATHAN J., P.A.
 4800 N FEDERAL HWY
 SUITE D-100
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
 JONATHAN J. LICHTMAN, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 4800 N. FEDERAL HIGHWAY
 SANCTUARY CENTRE SUITE D-100
 City BOCA RATON FL Zip Code 33431

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.

JON LICHTMAN, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1/17/01
 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

TITLE DP ☐ Delete
 NAME LICHTMAN, JONATHAN J
 STREET ADDRESS 10718 KIRKALDY LANE
 CITY-ST-ZIP BOCA RATON FL

TITLE DVPT ☐ Delete
 NAME NASS, ROBERT A.
 STREET ADDRESS 300 LAUREL RIDGE RD
 CITY-ST-ZIP REINHOLDS PA

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

JON LICHTMAN
 PRESIDENT

Date

Daytime Phone #

1/17/01 (581) 447-0017

CR2E034 (10/00)