

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082552

1. Entity Name

FLORAL LAKES OF DELRAY BEACH, INC.

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90124 001 \*\*\*300.00

Principal Place of Business

Mailing Address

6250 W ATLANTIC AVENUE  
DELRAY BEACH FL 33484-3599

6250 W ATLANTIC AVENUE  
DELRAY BEACH FL 33484-3551

2. Principal Place of Business

3. Mailing Address

855 North 62 Dr.  
Suite, Apt. #, etc.

P.O. Box 540939  
Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

Lake Worth

Zip

Country

33413 Palm Bch

Zip

Country

FL 33454 Palm Bch

4. FEI Number

65-0541161

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

ROSACKER, ARTHUR J  
6250 W ATLANTIC AVE  
DELRAY BEACH FL 33484

Name

Street Address (P.O. Box Number is Not Acceptable)

18 Via Lago

City

Brynton  
Bogart Beach

FL

Zip Code

33413

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS ROSACKER, ARTHUR JR  
CITY-ST-ZIP 6250 W ATLANTIC AVENUE  
DELRAY BEACH FL 33484-3599

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

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS ROSACKER, BARBARA  
CITY-ST-ZIP 6250 W. ATLANTIC AVENUE  
DELRAY BEACH FL 33484-3599

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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:

ARTHUR ROSACKER JR  
ARTHUR ROSACKER JR

FEB 12 2000

Date

Daytime Phone #

561-713 4774

CR2E034 (9/99)