

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90088 017 ***150.00

05/13/02 AV

DOCUMENT # P95000012099

1. Entity Name
LAS OLAS MANAGEMENT, INC.



Principal Place of Business
450 EAST LAS OLAS BLVD.
SUITE 1500
FT LAUDERDALE FL 33301

Mailing Address
450 EAST LAS OLAS BLVD.
SUITE 1500
FT LAUDERDALE FL 33301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0561542**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

AMERICAN INFORMATION SERVICES INC
1 SE 3RD AVE
27TH FL
MIAMI FL 33131

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
 NAME **PSD ROCHON, RICHARD C** ☒ Delete
 STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **DA**
 NAME **H Wayne Huzarzo, Jr** ☐ Change ☒ Addition
 STREET ADDRESS **Same**
 CITY-ST-ZIP

TITLE
 NAME **V PIERCE, WILLIAM M** ☒ Delete
 STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **S**
 NAME **Richard L Handley** ☐ Change ☒ Addition
 STREET ADDRESS **Same**
 CITY-ST-ZIP

TITLE
 NAME **VAST BRANDEN, CRIS V** ☐ Delete
 STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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 REQUIRED
BRANDEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02
 Date

954-627-5000
 Daytime Phone #

CR2E034 (9/01)