

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014021

1. Entity Name

LGP REAL ESTATE CORPORATION

FILED

00 MAR 23 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

760 N.W. 107TH AVE.  
SUITE 400  
MIAMI FL 33172

Mailing Address

760 N.W. 107TH AVE.  
SUITE 400  
MIAMI FL 33172-3157

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

65-0569572

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEALON, THOMAS F III  
760 N.W. 107TH AVE.  
SUITE 400  
MIAMI FL 33172

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, 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  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
KRASNOFF, JEFFREY P  
700 N.W. 107TH AVE. #400  
MIAMI FL 33172

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V/P  
Thomas, Owen D  
1585 Broadway, 37th Floor  
New York, NY 10036

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V/P  
LEWIS, WILLIAM M JR  
1585 BROADWAY 37TH FLOOR  
NEW YORK NY 10036

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LEVIN, DAVID  
760 N.W. 107TH AVE.  
MIAMI FL 33172

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
NEALON, THOMAS F., III  
760 N.W. 107TH AVE.  
MIAMI FL 33172

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003188528--0  
-03/29/00-0185-016  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BLASER, THEKLA  
760 NW 107TH AVENUE, SUITE 400  
MIAMI FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SCHRAGER, RONALD E  
760 N.W. 107TH AVE., STE. 400  
MIAMI FL 33172

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

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:

*Ronald E. Schragar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 220-4300

CR2E034 (9/99)