## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P95000038339** May 08, 2000 8:00 am **Secretary of State** THE LIGHTHOUSE AT DELRAY BEACH, INC. 05-08-2000 90065 044 \*\*\*150.00 Mailing Address Principal Place of Business 112 S.W. 1ST AVE. 112 S.W. 1ST AVE. DELRAY BEACH FL 33444-3632 DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0582625 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 😴 6. Name and Address of Current Registered Agent Name POLI, CATHERINE Street Address (P.O. Box Number is Not Acceptable) **502 RYE LANE DELRAY BEACH FL 33444** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Charige ☐ Addition ☐ Delete TITLE TITLE POLI. CATHERINE NAME NAME STREET ADDRESS STREET ADDRESS **502 RYE LANE** CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Addition Change ☐ Delete TITLE POLI, NORBERT NAME **502 RYE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33444** Change -. Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP

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 information as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: