

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90956 032 \*\*\*150.00

DOCUMENT # **P96000081023** ✓

1. Entity Name  
**LAT REALTY INC**

Principal Place of Business  
~~313 CLEMATIS ST  
 WPB FL 33401~~

Mailing Address  
~~9049 LONG LAKE PALM DR  
 BOCA RATON, FL 33496~~

**100919**

2. Principal Place of Business  
**18529 LONG LAKE DR**

3. Mailing Address  
**18529 LONG LAKE DR**

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number  
**65-0701340**

Applied For  
 Not Applicable

Zip Country  
**33496 U.S.**

Zip Country  
**33496 U.S.**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

~~GREENWALD, STEVEN F  
 6977 N. FEDERAL HWY SC 105  
 BOCA RATON, FL 33487~~

**7. Name and Address of New Registered Agent**

Name **LAWRENCE M. SCHNEIDER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18529 LONG LAKE DRIVE**  
 City **BOCA RATON FL** Zip Code **33496**

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

**LAWRENCE M. SCHNEIDER** 4/26/00

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**

TITLE	<input type="checkbox"/> Delete
NAME	<b>SCHNEIDER, LAWRENCE M</b>
STREET ADDRESS	<b>7131 ARDERSHIRE LANE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, LAWRENCE M</b>
STREET ADDRESS	<b>18529 LONG LAKE DR</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **LAWRENCE SCHNEIDER** 4/26/00 561-488-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)