

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009309

1. Entity Name

BLUE LAKE MANAGEMENT, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

Principal Place of Business

5000 BLUE LAKE DRIVE  
SUITE 100  
BOCA RATON FL 33431  
US

Mailing Address

5000 BLUE LAKE DRIVE  
SUITE 100  
BOCA RATON FL 33431-4466  
US

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

65-0697836

Applied For

Not Applicable

5. Certificate of Status Desired

Ex

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASANOFF, MICHAEL D  
500 BLUE LAKE DRIVE  
SUITE 100  
BOCA RATON FL 33431

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 fee 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MASANOFF, MICHAEL D	5000 BLUE LAKE DRIVE, SUITE 100	BOCA RATON FL 33431	<input type="checkbox"/>
D	SIEGEL, NED L	5000 BLUE LAKE DRIVE, SUITE 100	BOCA RATON FL 33431	<input type="checkbox"/>
D	STOLTZ, MORRIS L II	5000 BLUE LAKE DRIVE, SUITE 100	BOCA RATON FL 33431	<input type="checkbox"/>
D	GUZZETTA, MARK A	5000 BLUE LAKE DRIVE, SUITE 100	BOCA RATON FL 33431	<input type="checkbox"/>
D	DEGEORGE, LAWRENCE J	5000 BLUE LAKE DRIVE, SUITE 100	BOCA RATON FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. MASANOFF

DIRECTOR

561-997-1111

Date

Daytime Phone #

CR2E032 (9/99)