

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P97000015859**

1. Entity Name  
**BLUE LAKE CONSTRUCTION OF BOCA RATON, INC.**

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

02-24-2000 90026 025 \*\*\*158.75

Principal Place of Business <b>5000 BLUE LAKE DR STE 100 BOCA RATON FL 33431 US</b>	Mailing Address <b>5000 BLUE LAKE DR STE 100 BOCA RATON FL 33431-4466 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0733839**

Applied For	
Not Applicable	

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



DO NOT WRITE IN THIS SPACE

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

**MASANOFF, MICHAEL D  
5000 BLUE LAKE DR  
STE 100  
BOCA RATON FL 33431**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MASANOFF, MICHAEL D</b>
STREET ADDRESS	<b>5000 BLUE LAKE DR, STE 100</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SIEGEL, NED L</b>
STREET ADDRESS	<b>5000 BLUE LAKE DR</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STOLTZ, MORRIS L II</b>
STREET ADDRESS	<b>5000 BLUE LAKE DR, STE 100</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GUZZETTA, MARK A</b>
STREET ADDRESS	<b>5000 BLUE LAKE DR, STE 100</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DE GEORGE, LAWRENCE J</b>
STREET ADDRESS	<b>5000 BLUE LAKE DR, STE 100</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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	
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:** **MICHAEL D. MASANOFF** **561-997-1111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR** Date Daytime Phone #

CR2E034 (9/99)