

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063159

1. Entity Name

L & B REAL ESTATE HOLDINGS, INC.

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90377 017 \*\*\*150.00

Principal Place of Business

~~7100 NORTH MILITARY TRAIL~~  
PALM BEACH GARDENS FL 33410

Mailing Address

~~7100 NORTH MILITARY TRAIL~~  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

7700 N. MILITARY TRAIL

3. Mailing Address

7700 N. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

Zip

33410

Country

Zip

33410

Country

4. FEI Number

65-0771737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, MICHAEL S

~~1201 U.S. HIGHWAY ONE SUITE 240-A~~  
~~NORTH PALM BEACH FL 33408~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3801 PGA BLVD., SUITE 802

City

PALM BEACH GARDENS

FL

Zip Code

33410

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, 2001 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 PTD  
NAME SUGARMAN, LARRY ☐ Delete  
STREET ADDRESS ~~7100 N. MILITARY TRAIL~~  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7700 N. MILITARY TRAIL  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE VPSD  
NAME WALSH, WILLIAM J ☐ Delete  
STREET ADDRESS ~~7337 BELVEDERE ROAD~~  
CITY-ST-ZIP ~~WEST PALM BEACH FL 33411~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 517 LIGHTHOUSE DRIVE  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAWRENCE SUGARMAN, PRES.

4-17-01 (561) 842-7100

CR2E034 (10/00)