

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106168

1. Entity Name

HOMES AT RIVER LODGE, INC.

FILED

Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90039 041 ***150.00

Principal Place of Business

Mailing Address

2879 SW MARQUIS TERR.
STUART FL 34997
US

2879 SW MARQUIS TERR.
STUART FL 34997-1329
US

2. Principal Place of Business

3. Mailing Address

17 S.E. 4th ST

18 S.E. 4th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

4. FEI Number

65-0806473

Applied For

Not Applicable

Zip

Country

33432 - PALM BEACH

Zip

Country

33432 - PALM BEACH

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

LOCIGNO, MICHAEL J
12400 SUMMER SPRINGS DRIVE
BOYNTON BEACH FL 33437

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 MICHAEL J. LOCIGNO

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LOGIGNO, MICHAEL J	
STREET ADDRESS	12400 SUMMER SPRING DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POSNER, GARY	
STREET ADDRESS	1400 E. HILLSBORO BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
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		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCIGNO, MICHAEL J	
STREET ADDRESS	12400 SUMMER SPRINGS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33434	
TITLE	UP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARATTA, P.A.	
STREET ADDRESS	380 NW 6TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33487	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000 (56) 416-5736
Date Daytime Phone #