

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90175 029 \*\*\*150.00

**DOCUMENT # P97000108493**

1. Entity Name  
**LANTANA REALTY HOLDINGS, INC.**

**Principal Place of Business**

**7251 W PALMETTO PARK RD  
 STE 206  
 BOCA RATON FL 33433  
 US**

**Mailing Address**

**7251 W PALMETTO PARK RD  
 STE 206  
 BOCA RATON FL 33433  
 US**

**2. Principal Place of Business**

**555 S. Federal Hwy.**

**3. Mailing Address**

**555 S. Federal Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 400**

**Suite 400**

City & State

City & State

**Boca Raton, FL**

**Boca Raton, FL**

Zip

Country

Zip

Country

**33432**

**33432**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0808435**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

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

**KING, JAMES P.**

**7251 W PALMETTO PARK RD # 206  
 BOCA RATON FL 33433**

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

Name

**Same**

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

**555 S. Federal Hwy.**

**Suite 400**

City

**Boca Raton**

**FL**

Zip Code

**33432**

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, 2002 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	OPT	<input type="checkbox"/> Delete
NAME	<b>KING, JAMES</b>	
STREET ADDRESS	<b>7251 W PALMETTO PARK RD #206</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>SCHLUBACH, ANITA</b>	
STREET ADDRESS	<b>7251 W PALMETTO PARK RD #206</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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>555 S. Federal Hwy. # 400</b>	
STREET ADDRESS	<b>Boca Raton, FL 33432</b>	
CITY-ST-ZIP	<b>33432</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>555 S. Federal Hwy. # 400</b>	
STREET ADDRESS	<b>Boca Raton, FL 33432</b>	
CITY-ST-ZIP	<b>33432</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
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STREET ADDRESS		
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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 information empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)