

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91897 025 \*\*\*150.00

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AV

**DOCUMENT # P97000108493**

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



Principal Place of Business  
**555 S FEDERAL HWY  
STE 400  
BOCA RATON FL 33432  
US**

Mailing Address  
**555 S FEDERAL HWY  
STE 400  
BOCA RATON FL 33432  
US**



2. Principal Place of Business

**150 E. Palmetto Park Rd**

3. Mailing Address

**150 E. Palmetto Park Rd**

Suite, Apt. #, etc.

**Suite 330**

Suite, Apt. #, etc.

**Suite 330**

City & State

**Boca Raton FL**

City & State

**Boca Raton FL**

Zip

**33432**

Country

**USA**

Zip

**33432**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

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.  
555 S FEDERAL HWY  
STE 400  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **KING, JAMES P**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 E. PALMETTO PARK ROAD**  
**SUITE 330**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>KING, JAMES</b>	
STREET ADDRESS	<b>555 S FEDERAL HWY #400</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SCHLUBACH, ANITA</b>	
STREET ADDRESS	<b>555 S FEDERAL HWY #400</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, JAMES P</b>	
STREET ADDRESS	<b>150 E. PALMETTO PARK RD, STE 330</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHLUBACH, ANITA</b>	
STREET ADDRESS	<b>150 E. PALMETTO PK RD, STE 330</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)