

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90396 029 \*\*\*158.75

**DOCUMENT # P98000011536**

1. Entity Name

**LAKE MARION MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

15342 SW 17 STREET  
 DAVIE FL 33326

15342 SW 17 STREET  
 DAVIE FL 33326

2. Principal Place of Business

11860 W State Road 84

3. Mailing Address

11860 W State Road 84

Suite, Apt. #, etc.

D-15.

Suite, Apt. #, etc.

D-15.

City & State

Davie, FL

City & State

Davie, FL

Zip

33325

Country

USA

Zip

33325

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

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

**ROBBINS, CHARLES D**  
**2699 S BAYSHORE DRIVE**  
**MIAMI FL 33133**

**Charles Robbins ESQ.**  
**5214 La Gorce Drive**  
**Miami Beach, FL 33140-2106**

**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

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 ☐ Delete  
 NAME **D, P**  
 STREET ADDRESS **DAVENPORT, RICHARD A**  
 CITY-ST-ZIP **15342 SW 17 STREET**  
**DAVIE FL 33326**

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

TITLE ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **Amnon Golan**  
 CITY-ST-ZIP **11860 W State Road 84 B-15**  
**Davie, FL 33325**

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **Arnie Smith**  
 CITY-ST-ZIP **424 Allspice Court**  
**Kissimmee, FL 34759**

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **Lisa Larimore**  
 CITY-ST-ZIP **424 Allspice Court**  
**Kissimmee, FL 34759**

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **James Steven Davenport**  
 CITY-ST-ZIP **11860 W State Road 84 #B-15**  
**Davie, FL 33325**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)