

— AMENDED —
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000 11536**
1. Entity Name
LAKE MARION MANAGEMENT, INC.

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4/28/01
nam*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 AM 10:52

Principal Place of Business Mailing Address
**11860 W STATE ROAD 84
SUITE B-15
DAVIE, FL 33325** **SAME**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3647366** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
**Robbins, Charles D
5214 La Gorce Drive
Miami Beach, FL 33140-2106**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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
TITLE **PD** ☐ Delete
NAME **DAVENPORT RICHARD**
STREET ADDRESS **15342 SW 17 STREET**
CITY-ST-ZIP **DAVIE, FL 33326**
TITLE **DS** ☐ Delete
NAME **GOLAN, AMNON**
STREET ADDRESS **11860 W SR 84 B15**
CITY-ST-ZIP **DAVIE, FL 33325**
TITLE **VP** ☒ Delete
NAME **SMITH, ARNIE**
STREET ADDRESS **424 ALLSPICE COURT**
CITY-ST-ZIP **KISSIMMEE, FL 34759**
TITLE **VD** ☒ Delete
NAME **LARIMORE, LISA**
STREET ADDRESS **424 ALLSPICE COURT**
CITY-ST-ZIP **KISSIMMEE, FL 34759**
TITLE **VP** ☐ Delete
NAME **DAVENPORT, STEVEN J.**
STREET ADDRESS **11860 W SR 84 B15**
CITY-ST-ZIP **DAVIE, FL 33325**
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME **400004649954--3**
STREET ADDRESS **-10/23/01--01049--010**
CITY-ST-ZIP *******61.25 *****61.25**
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
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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: **x [Signature] Richard Davenport, Pres. x 9/11/01 959 382-0020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #