

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000011536

FILED
May 01, 2003
Secretary of State

Entity Name: LAKE MARION MANAGEMENT, INC.

Current Principal Place of Business:

11860 W STATE ROAD 84
D-15
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

11860 W STATE ROAD 84
D-15
DAVIE, FL 33325

New Mailing Address:

FEI Number: 59-3647366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBBINS, CHARLES D
5214 LA GORCE DRIVE
MIAMI BEACH, FL 331402106 US

Name and Address of New Registered Agent:

GILBERT, EDWARD H PA
5100 TOWN CENTER CIRCLE
430
BOCA RATON, FL 33486 US

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: EDWARD H. GILBERT

05/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVENPORT, RICHARD A
Address: 11860 W STATE ROAD 84, B15
City-St-Zip: DAVIE, FL 33325

Title: DS () Delete
Name: GOLAN, AMNON
Address: 11860 W STATE ROAD 84, B15
City-St-Zip: DAVIE, FL 33325

Title: VP () Delete
Name: DAVENPORT, STEVEN J
Address: 11860 W STATE ROAD 84, #B-15
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MORESCO, FRED
Address: 424 ALLSPICE CT.
City-St-Zip: KISSIMMEE, FL 34759

Title: SR V () Change (X) Addition
Name: STEVENSON, REDDING
Address: 424 ALLSPICE CT.
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. DAVENPORT

P

05/01/2003

Electronic Signature of Signing Officer or Director

Date