

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026520

1. Entity Name

TWIN LAKE MORTGAGES & INVESTMENTS, INC.

Principal Place of Business

8147 TWIN LAKE DRIVE
BOCA RATON FL 33496

Mailing Address

8147 TWIN LAKE DRIVE
BOCA RATON FL 33496-1905

2. Principal Place of Business

20285 OCEAN KEY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

20285 OCEAN KEY DR.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33498

Country

USA

Zip

33498

Country

USA

6. Name and Address of Current Registered Agent

TAFT, ALAN

8147 TWIN LAKE DRIVE
BOCA RATON FL 33496

Name

TAFT, ALAN

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

20285 OCEAN KEY DRIVE

City

BOCA RATON

FL

Zip Code

33498

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

1/21/00

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	TAFT, ALAN	
STREET ADDRESS	8147 TWIN LAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TAFT, SANDRA	
STREET ADDRESS	8147 TWIN LAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOYD DAVID	
STREET ADDRESS	19121 FOX LANDING DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90026 027 ***150.00

00011174



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0832994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required