

2000 UNIFORM BUSINESS REPORT (UBR)

0384039

DOCUMENT # P98000061838

1. Entity Name

LAKEVIEW CLUB GP CORPORATION

FILED

00 APR 17 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1300 N. FLORIDA MANGO RD #15
WEST PALM BEACH FL 33409

Mailing Address

1300 N. FLORIDA MANGO DR
STE 15
WEST PALM BEACH FL 33409-5255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3525926

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name **BRUCE A. MALASKY**

Street Address (P.O. Box Number is Not Acceptable)
**1300 N. FLORIDA MANGO RD
STE 15**

City **WEST PALM BEACH** FL Zip Code **33409**

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

BRUCE A. MALASKY - *[Signature]*

DATE

1/11/00

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 | P | <input type="checkbox"/> Delete |
| NAME | MALASKY, BRUCE A | |
| STREET ADDRESS | 1300 N. FLORIDA MANGO RD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | MALASKY, STEPHEN | |
| STREET ADDRESS | 1300 N. FLORIDA MANGO RD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | VPT | <input type="checkbox"/> Delete |
| NAME | MALASKY, DONALD C | |
| STREET ADDRESS | 1300 N. FLORIDA MANGO RD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 700003213087--1 |
| CITY-ST-ZIP | -04/21/00--01112--001 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | ****291.25 ****158.00 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D |
| STREET ADDRESS | Leslie Strasberg |
| CITY-ST-ZIP | 2105 N. PARK AVE. WINTER PARK, FL 32781 |
| TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D |
| STREET ADDRESS | James Strasberg |
| CITY-ST-ZIP | 2105 PARK AVE. N. WINTER PARK, FL 32781 |
| 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 #

[Signature]
1/11/00

561-471-8600