## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P98000061838 1. Entity Name LAKEVIEW CLUB GP CORPORATION 05-03-2001 90957 008 \*\*\*150.00 Mailing Address Principal Place of Business 1300 N. FLORIDA MANGO DR 1300 N. FLORIDA MANGO RD #15 WEST PALM BEACH FL 33409 STE 15 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3525926 Not Applicable Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALASKY, BRUCE A Street Address (P.O. Box Number is Not Acceptable) 1300 N. FLORIDA MANGO RD #15 WEST PALM BEACH FL 33409 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) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME MALASKY, BRUCE A STREET ADDRESS STREET ADDRESS 1300 N. FLORIDA MANGO RD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME MALASKY, STEPHEN STREET ADDRESS STREET ADDRESS 1300 N. FLORIDA MANGO RD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Change ☐ Addition ☐ Delete TITLE NAME MALASKY, DONALD C NAME STREET ADDRESS STREET ADDRESS 1300 N. FLORIDA MANGO RD CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

does not graalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information adourate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director, execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicatéd on this report or supe of the corporation or the reck iver o trustee empov o extecute t nt with changed, or on an attachme ess, with all like en

SIGNATURE:

13. I hereby certify that the information supplied with this fill