

2006 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90096 038 \*\*\*150.00

DOCUMENT # P98000077109



1. Entity Name  
**Mizner Oaks, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**171 Glades Road**

Suite, Apt. #, etc.

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

City & State

4. FEI Number  
**65-0862932**

Applied For  
Not Applicable

Zip  
**33432**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Cortlandt Schuyler**

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

**171 Glades Road**

City  
**Boca Raton,**

**FL**

Zip Code  
**33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Pres.	Schuyler, Cortlandt	171 Glades Road Boca Raton, FL 33432				
	Vice Pres.	Montell, Robert	2863 Banyan Blvd Circle Boca Raton, FL 33431				

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 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 #

CR2E034B (12/02)