

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90006 009 \*\*\*150.00

**DOCUMENT # S47885**

1. Entity Name

**LAKE RIDGE PARTNERS, INC.**

Principal Place of Business

Mailing Address

**568 E WOOLBRIGHT ROAD. PB. #110  
 BOYNTON BEACH FL 33435**

**568 E WOOLBRIGHT ROAD. PB. #110  
 BOYNTON BEACH FL 33435**

**548144**

2. Principal Place of Business

**1402 Royal Palm Beach Blvd.**

3. Mailing Address

**1402 Royal Palm Beach Blvd.**

Suite, Apt. #, etc.

**Building 300 C-3**

Suite, Apt. #, etc.

**Building 300 C-3**

DO NOT WRITE IN THIS SPACE

City & State

**Royal Palm Beach, FL**

City & State

**Royal Palm Beach, FL**

4. FEI Number

**65-0259121**

Applied For

Not Applicable

Zip

**33411**

Country

**USA**

Zip

**33411**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, RONALD  
 6065 MARELLA CT  
 SARASOTA FL 34243**

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, RONALD</b>	NAME	
STREET ADDRESS	<b>6065 MARELLA CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	CITY-ST-ZIP	
TITLE	<b>VP, S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Miller, Robert</b>	NAME	
STREET ADDRESS	<b>4086 Bahia Isle Circle</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Wellington, FL 33467</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Miller, Duncan</b>	NAME	
STREET ADDRESS	<b>110 Yacht Club Way, Apt. 105</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Hypoluxo, FL 33462</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

CR2E034 (10/00)