

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713157

1. Entity Name

LPYC CORINTHIANS, INC.

Principal Place of Business

Mailing Address

2701 N.E. 42ND STREET  
P.O. BOX 5327  
LIGHTHOUSE POINT FL 33067  
US

2701 N.E. 42ND STREET  
P.O. BOX 5327  
LIGHTHOUSE POINT FL 33067  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0021359

Applied For

Not Applicable

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

DONAIS, LEE R  
3750 NE 27 AVE  
LIGHTHOUSE PT FL 33064

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME DAY, RODNEY  
STREET ADDRESS 2390 NE 28TH ST  
CITY-ST-ZIP LIGHTHOUSE PT FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME DONAIS, LEE R  
STREET ADDRESS 3750 NE 27 AVE  
CITY-ST-ZIP LIGHTHOUSE PT FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME ROSS, JERRY A  
STREET ADDRESS 3718 NE 24TH AVE  
CITY-ST-ZIP LIGHTHOUSE PT FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BERGER, THOMAS A  
STREET ADDRESS 1931 SE 19TH AVE  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE  
NAME ARZBERGER, THOMAS A.  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME KAUFFMAN, BRECH  
STREET ADDRESS 4411 NE 27TH AVE  
CITY-ST-ZIP LIGHTHOUSE PT FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

3/20/02 954785-3552  
Date Daytime Phone #

007222

CR2E037 (9/01)