

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770969

1. Entity Name

LAMBDA SOUTH, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90145 039 ****61.25

Principal Place of Business

1231-A EAST LOS OLAS BLVD.
FT. LAUDERDALE FL 33303

Mailing Address

P.O. BOX 030339
FT. LAUDERDALE FL 33303-0339

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

Name

LISA Dempsey

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

1231A EAST LAS OLAS BLVD

City

FT Lauderdale

FL

Zip Code

33303

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

After September 13, 2000 min. will be \$236.25

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 PD ☒ Delete
NAME RUDOCK, ED
STREET ADDRESS 1037 N.E. 16TH AVE #4
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition
NAME MARY OBrien PD
STREET ADDRESS 1231A-EAST LAS OLAS BLVD
CITY-ST-ZIP FT Lauderdale, FL 33303

TITLE VPD ☒ Delete
NAME O'BRIEN, MARY
STREET ADDRESS 4640 NE 1ST TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE ☐ Change ☒ Addition
NAME Kevin Burke VPD
STREET ADDRESS 1231 A EAST LAS OLAS BLVD
CITY-ST-ZIP FT Lauderdale, FL 33303

TITLE TD ☒ Delete
NAME MURRAY, BRUCE
STREET ADDRESS 1617 SW 10TH COURT
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition
NAME Allan DUPUIS TD
STREET ADDRESS 1231 A EAST LAS OLAS BLVD
CITY-ST-ZIP FT. Lauderdale, FL 33303

TITLE ATD ☒ Delete
NAME DUPUIS, ALLEN
STREET ADDRESS 9311 NW 43RD MANOR
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Change ☒ Addition
NAME LISA Dempsey SD
STREET ADDRESS 1231A EAST LAS OLAS BLVD
CITY-ST-ZIP FT Lauderdale FL 33303

TITLE SD ☒ Delete
NAME CAVANAUGH, LARRY
STREET ADDRESS 1732 SW 5TH ST.
CITY-ST-ZIP FT LAUDERDALE FL 33312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/00

Date

954-749-3445

Daytime Phone #

CR2E037 (5/00)