

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G35612

1. Entity Name
LASS ENTERPRISES, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90006 034 ***150.00

Principal Place of Business
201 GRACE BLVD
ALTAMONTE SPRINGS FL 32714

Mailing Address
201 GRACE BLVD
ALTAMONTE SPRINGS FL 32714

8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2313218

Applied For
Not Applicable

Zip Country Zip Country

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

FLOWER, BRUCE W., ESQ.
511 NORTH MAITLAND AVE.
MAITLAND FL 32751

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE DP ☐ Delete
NAME VANDER BOEGH, ALAN D
STREET ADDRESS 201 GRACE BLVD
CITY-ST-ZIP ALTAMONTE SPRGS, FL00000

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

TITLE D ☐ Delete
NAME VANDER BOEGH, LAWRENCE
STREET ADDRESS 201 GRACE BLVD.
CITY-ST-ZIP ALTAMONTE SPRGS FL

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

TITLE D ☐ Delete
NAME FLOWER, BRUCE W.
STREET ADDRESS 511 NORTH MAITLAND AVE.
CITY-ST-ZIP MAITLAND FL

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

TITLE D ☐ Delete
NAME VANDER BOEGH, SUSAN
STREET ADDRESS 201 GRACE BLVD.
CITY-ST-ZIP ALTAMONTE SPRGS FL

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

TITLE D ☐ Delete
NAME VANDER BOEGH, SHIRLEY
STREET ADDRESS 201 GRACE BLVD.
CITY-ST-ZIP ALTAMONTE SPRGS FL

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

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: Alan Vander Boegh ALAN D VANDER BOEGH 4-10-01 407-682-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)