

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90029 050 ****61.25

DOCUMENT # N17583

1. Entity Name

THE LOWNDES, DROSDICK, DOSTER, KANTOR & REED FOU

Principal Place of Business

Mailing Address

%JOHN F. LOWNDES
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801-2028

%JOHN F. LOWNDES
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801-2028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1276118

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWNDES, JOHN F.
215 NORTH EOLA DRIVE
ORLANDO FL 32802

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 Delete
 NAME **DP LOWNDES, JOHN F.**
 STREET ADDRESS **1308 GREEN COVE ROAD**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DAS BURKET, DALE A.**
 STREET ADDRESS **1505 THE OAKS DRIVE**
 CITY-ST-ZIP **MATLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD DOSTER, WILLIAM E**
 STREET ADDRESS **394 HENKEL CIRCLE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DAS BALLETTA, JAMES**
 STREET ADDRESS **2913 LAKE PINELOCH BLVD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DAS FILDES, RICHARD J.**
 STREET ADDRESS **2514 GATLIN AVENUE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DAS HIGGINS, ROBERT F.**
 STREET ADDRESS **1505 BONNIE BURN CIRCLE**
 CITY-ST-ZIP **WINTER PARK FL**

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

Nicholas P. Lopez, Pres 2/23/00
 407-5834600

Date

Daytime Phone #

CR2E037 (9/99)