

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P96000080290

1. Entity Name

LANDINGS EXECUTIVE CENTER, INC.

FILED
00 JUN 23 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
926 GREAT POND DR.
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
926 GREAT POND DR #2003
ALTAMONTE SPRGS FL 32714-7244
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3402475**

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

KATSUR, JAMES T
926 GREAT POND DR #2003
ALTAMONTE SPRGS FL 32714

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

000003321450-0
-07/12/00-FL1023--0014
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. ~~State Fee~~ ******150.00**

SIGNATURE _____ (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, 2000 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DR JAMES T KATSUR | NAME | |
| STREET ADDRESS | 926 GREAT POND DR #2003 | STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL 32714 | 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 |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sl/bo 407266-6533
Date Daytime Phone #
Oct 213

CR2E034 (9/99)

KATSUR MANAGEMENT GROUP

926 Great Pond Drive Suite 2003
ALTAMONTE SPRINGS, FL 32714
(407) 788-6533

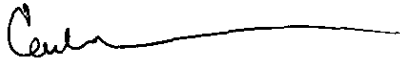
To Whom It May Concern:

I recently took on the Controllers position for LEC, Inc. and discovered that the UBR reports had not been completed or filed by the May 1 deadline.

The company was in flux for a number of months until I was hired. The old Controller left with very little notice.

We are now submitting the \$150 fee that was due 5/1/00. If there is a problem with this please contact me at 407-788-6533 ext. 213. Thank you for your time and consideration.

Sincerely,



Carlos Arean
Controller

mail on cell