

# 2000 UNIFORM BUSINESS REPORT (UBR)

8

DOCUMENT # P99000092764

1. Entity Name

ANTHONY LAWRENCE FORMAL WEAR, INC.

Principal Place of Business

Mailing Address

2114 EDGEWATER DR.  
ORLANDO FL 32804

2114 EDGEWATER DR.  
ORLANDO FL 32804

2. Principal Place of Business

480 N. Orlando Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Ste #132

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

4. FEI Number

59-3606779

Applied For

Not Applicable

Zip

32789

Country

USA

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

KNAPP, SHAWN A  
2114 EDGEWATER DR.  
ORLANDO FL 32804

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE D ☐ Delete  
NAME KNAPP, SHAWN A  
STREET ADDRESS 1426 CHESSINGTON CIR.  
CITY-ST-ZIP HEATHROW FL 32746

TITLE D ☐ Delete  
NAME KEELAN, KEVIN L  
STREET ADDRESS 324 BROADVIEW AVE.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ Delete  
NAME PARKER, JAMES E  
STREET ADDRESS 10701 SO. EASTERN AVE, APT. 2625  
CITY-ST-ZIP HENDERSON NV 89012

TITLE D ☐ Delete  
NAME KELAN, JOHN L  
STREET ADDRESS 346 WOOD AVE.  
CITY-ST-ZIP NORTH BRUNSWICK NJ 08902

TITLE D ☐ Delete  
NAME ZIMMERMAN, JONATHAN S  
STREET ADDRESS 8614 ROSA VISTA AVE.  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-00

Date

407-622-5700

Daytime Phone #

CR2E034 (5/00)