

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90099 008 ***150.00

0072794 AV

DOCUMENT # S32112

1. Entity Name
LOTTA GP INC.

Principal Place of Business 860 STATE ROAD 434, NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	Mailing Address 860 STATE ROAD 434, NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3067447		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GOODMAN, LAUREN B 860 STATE ROAD 434, NORTH SUITE 5 ALTAMONTE SPRINGS FL 32714				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 _____	
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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VD	FEINSTEIN, JEROME D. ✓	860 SR 434 N STE 7 ALTAMONTE SPRINGS FL				
	PD	GOODMAN, LAUREN B. ✓	860 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714				
	TD	GOODMAN, MICHAEL A. ✓	860 SR 434 N STE 7 ALTAMONTE SPRINGS FL				
	D	JACOBS, HARRY N. ✓	860 SR 434 N STE 7 ALTAMONTE SPRINGS FL				
	SD	GOLD, H. SCOTT ✓	860 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714				

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: Scott Gold **4/10/02** **407-788-6555**

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)