

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769472

1. Entity Name

CITE: THE LIGHTHOUSE FOR CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

215 E NEW HAMPSHIRE ST
ORLANDO FL 32804

215 E NEW HAMPSHIRE ST
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2418228

Applied For

Not Applicable

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

NASEHI, LEE
215 E NEW HAMPSHIRE ST
ORLANDO FL 32804

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAMSEUR, MARK	
STREET ADDRESS	1560 ORANGE AVE, STE 700	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SENKOVICH, JEFF	
STREET ADDRESS	1902 CYPRESS LAKE DRIVE, STE 100	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	TT	<input type="checkbox"/> Delete
NAME	ELLIOTT, JACK	
STREET ADDRESS	815 N MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BURKETT, GREG	
STREET ADDRESS	3300 UNIVERSITY STE 158	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	NASEHI, LEE	
STREET ADDRESS	215 E NEW HAMPSHIRE STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald T. Senterfitt	
STREET ADDRESS	201 E. Pine Street, Ste. 100	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hon. Lou Frey, Jr.,	
STREET ADDRESS	215 N. Eola Drive	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lee Nasehi

5/2/01 407-898-2483

FILED
May 21, 2001 8:00 am
Secretary of State

04-09-2001 90032 017 *****8.75
05-21-2001 90377 036 *****70.00

00056066

DO NOT WRITE IN THIS SPACE

0028322

CR2E037 (10/00)