2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 009133

1. Entity Name LAINHART AND POTTER						Secretary of State 03-14-2000 90071 012 ***150.00				
Principal Place of Business 715 25TH STREET 715 25TH ST. WEST PALM BEACH FL 33407 US 2. Principal Place of Business		Mailing Address PO BOX 428 715 25TH ST. WEST PALM BEACH FL 33 US	PO BOX 428 715 25TH ST. WEST PALM BEACH FL 33402-0428							
		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			50H13237h3			pplied For ot Applicable		
Zip	Country	Zip ,	Count	try		te of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Curre	nt Registered Agent		hlaa	7. Name at	nd Address of New	Registered A	gent		
LAINHART, DONALD C 715 25TH ST WEST PALM BEACH FL 33402				Name Street Address (P.O. Box Number is Not Acceptable)						
				City		<u>-</u>	FL	Zip Code	э	
Tax filing r	Signature, typed or printed name of registered age pration is eligible to satisfy its Intangik requirement and elects to do so. ria on back)	After MAY 1, 2: Make Check Paya	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			Election Campaign Fi rust Fund Contribution	on.	Added	May Be to Fees	
11.	OFFICERS AN	ID DIRECTORS	12.		ADDITION	S/CHANGES TO OF	FICERS AND	DIRECTOR	$\overline{}$	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lainhart, george D 136 Ebbtide N. Palm Beach Fl	☐ Delete			_			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA JR,E RIDGE 1534 N OCEAN WAY PALM BEACH FL 33480	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	PSD Lainhart, Donald C 14656 Boxwood Dr Palm Beach Gardens FL 3	☐ Delete		1			_	☐ Change —	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LEFFLER, JERE B 52 DORCHESTER CIR PALM BEACH GARDENS FL 3	☐ Delete		l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second service of the service of	☐ Delete		1		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE	!				Change	☐ Addition	
13. I hereby of	certify that the information supplied w on this report or supplemental repor reporation or the receiver or trustee em or on an attachment with an addiction	t is true and accurate and that	my signat	ture shall have the	same legal eff	ect as it made under	oath: that I a	m an officer	or airector i	

SIGNATURE: Date Dayline Phone #