

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**  
 03-15-2001 90194 004 \*\*\*150.00

0478979

**DOCUMENT # 211913**

1. Entity Name  
**L H AND J CORP**

Principal Place of Business

Mailing Address

~~130 N CYPRESS WAY~~  
~~CASSELBERRY FL 32707~~  
~~US~~

P.O. BOX 941330  
 MAITLAND FL 32794  
 US

00025347

2. Principal Place of Business

3. Mailing Address

1405 Green Cove Road  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Park FL

4. FEI Number **59-0834321**

Applied For

Not Applicable

Zip

Country

Zip

Country

32789

US

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

**FARMER, RICHARD**  
**1405 GREEN COVE RD**  
**WINTER PARK FL 32789**

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, 2001 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 ~~PD~~  
 NAME **FARMER, DOROTHY JAMES**  
 STREET ADDRESS **4493 S. ATLANTIC, #201**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

☐ Delete

TITLE **< / D**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **VD**  
 NAME **HOBDA, LYDIA FARMER**  
 STREET ADDRESS **10175 CLAYBROOKE DRIVE**  
 CITY-ST-ZIP **CHARLOTTE NC 28262**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~VSTM~~  
 NAME **FARMER, RICHARD**  
 STREET ADDRESS **1405 GREEN COVE RD**  
 CITY-ST-ZIP **WINTER PARK FL**

☐ Delete

TITLE **P/S/T/D**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:**

**Richard Farmer**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12-01 (407) 767-0700**  
 Date Daytime Phone #

CR2E034 (10/00)