

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 230837

1. Entity Name

R.C. LAWLER, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90307 005 \*\*\*150.00

Principal Place of Business

649 SEGOVIA CT N E  
ST PETERSBURG FL 33703  
US

Mailing Address

P O BOX 7792  
ST PETERSBURG FL 33734-7792  
US

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

59-6069883

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

MCCONNELL, NANCY  
649 SEGOVIA CT N E  
APT. 1  
ST PETESBURG FL ST 33

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, 2000 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 ☒ Delete  
NAME LAWLER, R.C.  
STREET ADDRESS 939 BEACH DRIVE #302 N E  
CITY-ST-ZIP ST PETERSBURG FL 33701

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

TITLE D ☐ Delete  
NAME LAWLER, ELIZABETH THOMAS  
STREET ADDRESS 649 SEGOVIA CT N E  
CITY-ST-ZIP ST PETERSBURG FL 33703

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

TITLE VDT ☐ Delete  
NAME MCCONNELL, NANCY L.  
STREET ADDRESS 649 SEGOVIA CT NE  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE PRESIDENT, TREASURER, DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MCCONNELL, LEIGH  
STREET ADDRESS 649 SEGOVIA CT NE  
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE VICE PRESIDENT/DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME CARVALIS, WENDY  
STREET ADDRESS 145 20TH AVENUE NE  
CITY-ST-ZIP ST PETERSBURG FL 33704

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Nancy McConnell* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

Daytime Phone #

CR2E034 (9/99)