

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 263005

1. Entity Name

LUND REALTY, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90118 047 ***150.00

Principal Place of Business

Mailing Address

1520 N BERMUDA AVENUE
KISSIMMEE FL 34741

1520 N BERMUDA AVENUE
KISSIMMEE FL 34741-3219

2. Principal Place of Business

1520 N. JOHN YOUNG PARKWAY

3. Mailing Address

1520 N. JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

Zip

34741

Country

USA

Zip

34741

Country

USA

4. FEI Number

59-1447004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUND, NORMAN W
1520 N BERMUDA AVENUE
KISSIMMEE FL 34744

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

1520 N. JOHN YOUNG PARKWAY

City
KISSIMMEE

FL

Zip Code
34741

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

TITLE PD
NAME LUND, NORMAN W
STREET ADDRESS 1370 NEPTUNE RD
CITY-ST-ZIP KISSIMMEE, FL 00000 ☐ Delete

TITLE D
NAME LUND, CARLEEN C
STREET ADDRESS 1370 NEPTUNE RD
CITY-ST-ZIP KISSIMMEE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 407-846-1444
Date Daytime Phone #