

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 263005

1. Entity Name

LUND REALTY, INC.

Principal Place of Business

1520 N JOHN PARKWAY  
KISSIMMEE FL 34741

Mailing Address

1520 N JOHN PARKWAY  
KISSIMMEE FL 34741

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 59-1447004

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

LUND, NORMAN W  
1520 N JOHN PARKWAY  
KISSIMMEE FL 34741

Name LUND, CARLEEN C.

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 *Carleen C. Lund*

CARLEEN C. LUND

14-MAR-01

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	<input checked="" type="checkbox"/> Delete
NAME	LUND, NORMAN W	
STREET ADDRESS	1370 NEPTUNE RD	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUND, CARLEEN C	
STREET ADDRESS	1370 NEPTUNE RD	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carleen C. Lund*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLEEN C. LUND

Date

Daytime Phone #

FILED  
Mar 20, 2001 8:00 am  
Secretary of State

03-20-2001 90010 006 \*\*\*150.00

C0035445



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)