

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2000 90109 018 ***150.00

DOCUMENT # 334700

1. Entity Name

LEHIGH CORPORATION

Principal Place of Business

Mailing Address

226 E. JOEL BLVD.
 LEHIGH ACRES FL 33972
 US

226 E. JOEL BLVD.
 LEHIGH ACRES FL 33972-5230
 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

59-1024709

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

ALLISON, JANET
226 E. JOEL BLVD.
LEHIGH ACRES FL 33936

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	D	<input type="checkbox"/> Delete
NAME	WILLIAM I. LIVINGSTON	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRANDELL, DONNIE R	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLQUIST, LAURA A	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, GREGORY M	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ALLISON, JANET	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHN A. NATIELLO	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: John Natiello, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/00

Date

941-368-6779

Daytime Phone #

CR2E034 (9/99)