

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90190 030 \*\*\*150.00

**DOCUMENT # 348646**

1. Entity Name  
**LASSITER-WARE OF CITRUS COUNTY, INC.**



Principal Place of Business  
**2421 HIGHWAY 44. WEST**  
**PO BOX 1209**  
**INVERNESS FL 34451-1209**  
**US**

Mailing Address  
**2421 HIGHWAY 44. WEST**  
**PO BOX 1209**  
**INVERNESS FL 34451-1209**  
**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 **59-1284153**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**OSTRANDER, TED R. J**  
**1317 CITIZENS BLVD.**  
**LEESBURG FL 34748**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
NAME **STOER, JOHN J JR**  
STREET ADDRESS **10839 LAKE HARRIS CIRCLE**  
CITY-ST-ZIP **TAVARES FL**

TITLE **PD** ☐ Delete  
NAME **OSTRANDER, TED R JR.**  
STREET ADDRESS **1644 LOVES POINT DR.**  
CITY-ST-ZIP **LEESBURG FL**

TITLE **TD** ☐ Delete  
NAME **HAHNE, JOHN E**  
STREET ADDRESS **1019 PALM COVE DR**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1089 Palm Harbor Dr**  
CITY-ST-ZIP **Leesburg FL 34748**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9263 Silver Lake Dr**  
CITY-ST-ZIP **Leesburg FL 34788**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/03**

**352 787 3441**

Date

Daytime Phone #

CR2E034 (10/02)