

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 452989

1. Entity Name

LUCKHARDT, INC.

Principal Place of Business

1905 LUCKHARDT ST.  
PO BOX 1185  
STUART FL 34995

Mailing Address

1905 LUCKHARDT ST.  
PO BOX 1185  
STUART FL 34995-1185

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 59-1543591

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UGHTERSON, WILLIAM A.  
310 W. OCEAN BLVD.  
STUART FL 34994

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.

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	P	<input type="checkbox"/> Delete
NAME	LUCKHARDT, GREGORY	
STREET ADDRESS	4351 S.E. GENEVA DR.	
CITY-ST-ZIP	STUART, FL 0	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUCKHARDT, C. GRANT	
STREET ADDRESS	2058 PALFOX DR., N.E.	
CITY-ST-ZIP	ATLANTA, GA 0	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUCKHARDT, LEONA RUE	
STREET ADDRESS	243 VILLAS ST.	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUSTIN, ELISA	
STREET ADDRESS	247 VILLAS ST.	
CITY-ST-ZIP	STUART, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
CITY-ST-ZIP		
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		
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:

**LUCKHARDT, GREGORY PRES**

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

1-561-288-4879

Daytime Phone #