

2001 UNIFORM BUSINESS REPORT (ULR)

2/20

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-20-2001 90045 006 ***150.00

DOCUMENT # 517752

1. Entity Name
LF AUSTIN, INC.

Principal Place of Business
17725 WILLIS V MC CALL RD
P.O. BOX 480
UMATILLA FL 32784
US

Mailing Address
C/O TIMCO, INC. Austin, Linda T
P.O. BOX 368 100 S. Tremaine St.
CRESSENT CITY FL 32112 Unit H3
US Mt. Dora, FL 32151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17725 WV McCall Rd.

3. Mailing Address
100 S. Tremaine St.

Suite, Apt. #, etc.
Unit H3

Suite, Apt. #, etc.
Unit H3

City & State
Mt. Dora, FL

City & State
Mt. Dora, FL

4. FEI Number **59-1692322**

Applied For
☐ Not Applicable

Zip
32151

Country
hake

Zip
32151

Country
hake

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

AUSTIN, LINDA T
17725 WILLIS V MC CALL RD
UMATILLA FL 32784

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS AUSTIN, LINDA T. 17530 WILLIS V. MCCALL ROAD UMATILLA FL 32784	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Linda T. Austin / Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/02/01** Daytime Phone # **352/383-7184**

CR2E034 (10/00)