

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90006 003 ***550.00

DOCUMENT # 561734

1. Entity Name
GRAEME LANG AND ASSOCIATES, INC.

Principal Place of Business
2 SOUTH BEACH RD.
P.O. BOX 67
HOBE SOUND FL 33475-7067

Mailing Address
2 SOUTH BEACH RD.
P.O. BOX 67
HOBE SOUND FL 33475-7067

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 **59-1817704**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG, J. GRAEME, JR.
2 SOUTH BEACH RD.
HOBE SOUND FL 33455

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
PSTD
LANG, J. GRAEME, JR.
2 SOUTH BEACH ROAD
HOBE SOUND FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, LAWRENCE L
209 RIDGEWAY ROAD
LEXINGTON KY

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP
MARTIN, LAWRENCE L.
102 EASTIN RD
LEXINGTON, KY 40505

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JOHN BLADES,
402 SEABREEZE AVENUE
PALM BEACH FL 33480

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHELAN, ALDEN L
513 POST OAK RD.
ANNAPOLIS MD

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP
WHELAN, ALDEN L.
28760 COUNTRY ST,
EASTON, MD 21601

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORGAN, JAMES C.
4100 SE OLD ST. LUCIE BLVD
STUART FL 34996

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARTMAN, PETER
3140 SE ST. LUCIE BLVD.
STUART FL 34997

☒ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/01

Date

561/546-2381

Daytime Phone #

CR2E034 (5/01)