

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-11-2001 90006 003 ***550.00

0110002 AT

DOCUMENT # 561734

1. Entity Name
GRAEME LANG AND ASSOCIATES, INC.

Principal Place of Business Mailing Address

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

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

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 _____ (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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LAWRENCE L 209 RIDGEWAY ROAD LEXINGTON KY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP MARTIN, LAWRENCE L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 EASTIN RD LEXINGTON, KY 40505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN BLADES, <input checked="" type="checkbox"/> Delete 402 SEABREEZE AVENUE PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHELAN, ALDEN L <input type="checkbox"/> Delete 513 POST OAK RD. ANNAPOLIS MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP WHELAN, ALDEN L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28760 CANTON ST, EASTON, MD 21601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JAMES C. <input checked="" type="checkbox"/> Delete 4100 SE OLD ST. LUCIE BLVD STUART FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, PETER <input checked="" type="checkbox"/> Delete 3140 SE ST. LUCIE BLVD. STUART FL 34997	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 **9/27/01** **561/546-2881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)