

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90072 018 ***150.00

DOCUMENT # 654463

1. Entity Name

GEORGE LACANCELLERA, INC.

Principal Place of Business

**230 E CAMINO REAL
BOCA RATON FL 33432**

Mailing Address

**230 E CAMINO REAL
BOCA RATON FL 33432**

2. Principal Place of Business

6527 SOUTHPORT DRIVE
Suite, Apt. #, etc.

3. Mailing Address

6527 SOUTHPORT DRIVE
Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

4. FEI Number

59-1970302

Applied For

Not Applicable

Zip

33437-6908

Country

FLA BEACH

Zip

33437-6908

Country

FLA BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LACANCELLERA, GEORGE
230 E CAMINO REAL
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6527 SOUTHPORT DRIVE

City

BOYNTON BEACH FL

FL

Zip Code

33437

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, 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

TITLE **P** ☐ Delete
NAME **LACANCELLERA, GEORGE**
STREET ADDRESS **230 E CAMINO REAL**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **TS** ☐ Delete
NAME **LACANCELLERA, VIRGINIA J**
STREET ADDRESS **230 E CAMINO REAL**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **6527 SOUTHPORT DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437-6908**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **6527 SOUTHPORT DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437-6908**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

Date

Daytime Phone #

CR2E034 (10/00)