

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90008 003 ***150.00

DOCUMENT # F93000000386

1. Entity Name

LAMAR ASSET MANAGEMENT AND REALTY, INC.

Principal Place of Business

Mailing Address

**365 SOUTH STREET
 MORRISTOWN NJ 07960**

**365 SOUTH STREET
 MORRISTOWN NJ 07960-7339**

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

22-3113213

Applied For

Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 NORTH MAGNOLIA STREET
 TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KALKUS, MARK	
STREET ADDRESS	365 SOUTH STREET	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANG, LARRY	
STREET ADDRESS	365 SOUTH STREET	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	ST	<input type="checkbox"/> Delete
NAME	QUINN, JACQUELYN S	
STREET ADDRESS	365 SOUTH STREET	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KALKUS, PETER	
STREET ADDRESS	365 SOUTH STREET	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOSS, CORY D.	
STREET ADDRESS	365 SOUTH STREET	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHERMAN, LAVINA	
STREET ADDRESS	365 SOUTH STREET	
CITY-ST-ZIP	MORRISTOWN NJ	

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 973-285-0010

CR2E034 (9/99)