

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002239

1. Entity Name

LZB FLORIDA REALTY, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90309 001 ***150.00

Principal Place of Business

Mailing Address

1248 N. TELEGRAPH RD.
MONROE MI 48162
US

1248 N. TELEGRAPH RD.
MONROE MI 48162-3369

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

38-3235942

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	<input type="checkbox"/> Delete
NAME	KISER, GERALD L	
STREET ADDRESS	1505 HOLLYWOOD DR	
CITY-ST-ZIP	MONROE MI 48162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, F. H	
STREET ADDRESS	17757 PARKE LANE	
CITY-ST-ZIP	GROSSE ILE MI 48138	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARDY, GENE M	
STREET ADDRESS	550 SPRING LAKE POINT	
CITY-ST-ZIP	HOLLAND OH 43528	
TITLE	ASTC	<input type="checkbox"/> Delete
NAME	KLARR, JAMES P	
STREET ADDRESS	29266 EAST RIVER ROAD	
CITY-ST-ZIP	GROSSE ILE MI 48101	
TITLE	GMT	<input type="checkbox"/> Delete
NAME	BARBER, JOHN W	
STREET ADDRESS	7612 NOTTINGHAM	
CITY-ST-ZIP	LAMBERTVILLE MI 48144	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, JOHN F	
STREET ADDRESS	305 W. ELM AVENUE	
CITY-ST-ZIP	MONROE MI 48161	

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
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
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

ASSISTANT SECRETARY
& TAX COUNSEL

Date

Daytime Phone #

CR2E034 (9/99)