

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90076 039 \*\*\*150.00

**DOCUMENT # F96000003388**

1. Entity Name

**LOMBARD ADVISORS INCORPORATED**

Principal Place of Business

Mailing Address

00 EAST LOMBARD STREET  
 SUITE 920  
 BALTIMORE MD 21202

300 EAST LOMBARD STREET  
 SUITE 920  
 BALTIMORE MD 21202-3227

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

**52-1889603**

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

~~HENLEY, RANDALL W ESQ.~~  
~~322 BANYAN BLVD~~  
~~WEST PALM BEACH FL 33401~~

Name

**E.H. PRICE GREEN**

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

**1210 SW 22ND AVENUE**

City

**BOYNTON BEACH**

FL

Zip Code

**33426**

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

**E.H. PRICE GREEN, EX-VP 3/9/00**

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	OFFD	<input type="checkbox"/> Delete
NAME	MCHUGH, DANIEL T	
STREET ADDRESS	207 CHANCERY ROAD	
CITY-ST-ZIP	BALTIMORE MD 31039	
TITLE	SEVD	<input type="checkbox"/> Delete
NAME	REYNOLDS, EDWIN M	
STREET ADDRESS	834 HILLSIDE ROAD	
CITY-ST-ZIP	BALTIMORE MD 21022	
TITLE	TEVD	<input type="checkbox"/> Delete
NAME	GREEN, EH P.	
STREET ADDRESS	1210 SW 22ND AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

9. 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 #

**SIGNATURE: E.H. PRICE GREEN EX-VP 03/09/2000 (410) 783-1600**

CR2E034 (9/99)