

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003388

1. Entity Name

LOMBARD ADVISORS INCORPORATED

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90043 016 ***150.00

Principal Place of Business

Mailing Address

~~300 EAST LOMBARD STREET~~
~~SUITE 920~~
~~BALTIMORE MD 21202~~

~~300 EAST LOMBARD STREET~~
~~SUITE 920~~
~~BALTIMORE MD 21202~~

U0027185



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1820 LANCASTER ST

3. Mailing Address

1820 LANCASTER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BALTIMORE MD

City & State

BALTIMORE MD

4. FEI Number

52-1889603

Applied For

Not Applicable

Zip

21231

Country

Zip

21231

Country

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

GREEN, E.H. PRICE

1210 SW 22ND AVENUE

BOYNTON BEACH FL 33426

Name

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

3986 W. SANDPIPER DR, #1

City

BOYNTON BEACH

FL

Zip Code

33436

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

E.H. PRICE GREEN, EVP

3/1/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFD MCHUGH, DANIEL T 207 CHANCERY ROAD BALTIMORE MD 31039	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEVD REYNOLDS, EDWIN M 834 HILLSIDE ROAD BALTIMORE MD 21022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TEVD GREEN, EH P 1210 SW 22ND AVE BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP 3986 W. SANDPIPER DR, #1 BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

E.H. PRICE GREEN, EVP

3/1/01

(800) 755-2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)