

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000606

1. Entity Name

LOIS POPE PRODUCTIONS, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90086 013 ***150.00

Principal Place of Business

Mailing Address

~~252 S. OCEAN BLVD~~
~~MANALAPAN FL 33462~~

~~252 S. OCEAN BLVD~~
~~MANALAPAN FL 33462~~

008138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6274 Linton Blvd

3. Mailing Address

6274 Linton Blvd

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

Country

33484

Zip

Country

33484

4. FEI Number

13-3665875

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

POPE, LOIS B

252 S OCEAN BLVD

MANALAPAN FL 33462

Name

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

7564 Isla Verde Way

City
Delray Beach

FL

Zip Code
33446

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
POPE, LOIS B
~~252 S OCEAN BLVD~~
~~MANALAPAN FL~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7564 Isla Verde Way
Delray Beach, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MILLER, ROBERT C
200 PARK AVENUE
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)