

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003636**

1. Entity Name

LAKE CHARLES NAVAL STORES CO., INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90050 038 ***150.00

Principal Place of Business

Mailing Address

**830 UNION ST
STE 200
NEW ORLEANS LA 70112****830 UNION ST
STE 200
NEW ORLEANS LA 70112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283**

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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CP	WHITE, JOHN F	203 CARONDELET ST, SUITE 710	NEW ORLEANS LA 70130-3016	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VCV	WHITE, H. HUNTER JR	826 UNION ST, SUITE 100	NEW ORLEANS LA 70112	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	PHILLIPS, NATHANIEL P JR	826 UNION ST, SUITE 100	NEW ORLEANS LA 70112	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	KELLEHER, HARRY B JR	2121 AIRLINE HWY, SUITE 301	METairie LA 70001	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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)