

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005606

1. Entity Name

LAROCHE & LAROCHE INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90013 040 ***150.00

Principal Place of Business

Mailing Address

1827 POWERS FERRY RD.
BLDG 25
ATLANTA GA 30339

1827 POWERS FERRY RD.
BLDG 25
ATLANTA GA 30339-5621

2. Principal Place of Business

3. Mailing Address

1827 POWERS FERRY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 25 - HORTON

City & State

City & State

ATLANTA, GA

Zip

Country

Zip

Country

30339-5621

4. FEI Number

58-1944794

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

LAROCHE, RONALD P
2107 SANORES ST.
LADY LAKE FL 32159

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 ☐ Delete
NAME LAROCHE, RONALD P
STREET ADDRESS 2107 SANSHORES ST.
CITY-ST-ZIP LAKE LAKE FL

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 2107 SANSHORES ST
CITY-ST-ZIP LAKE LAKE, FL 32159

TITLE STD ☐ Delete
NAME LAROCHE, ERMA L
STREET ADDRESS 2107 SANSHORES ST.
CITY-ST-ZIP LAKE LAKE FL

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 2107 SANSHORES ST
CITY-ST-ZIP LAKE LAKE, FL 32159

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

352-289-3511
Daytime Phone #