

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99244

1. Entity Name

LUPFER-FRAKES OF ST. CLOUD, INC.

Principal Place of Business

Mailing Address

222 CHURCH ST.
KISSIMMEE FL 34741

222 CHURCH ST.
KISSIMMEE FL 34741-5069

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

59-2216397

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

LUPFER, SAMUEL L
1794 ADMIRAL CT
KISSIMMEE FL 34744

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	VP	<input type="checkbox"/> Delete
NAME	RANDALL, RICHARD J	
STREET ADDRESS	1637 REGAL COVE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WALLS, RONALD M.	
STREET ADDRESS	2380 STARBOARD COVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BAUKNIGHT, JAMES H.	
STREET ADDRESS	5600 IRLO BRONSON ME HWY	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUPFER, SAMUEL L	
STREET ADDRESS	1794 ADMIRAL CT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	CHRISTIAN, MICHAEL P	
STREET ADDRESS	1616 AMY CT	
CITY-ST-ZIP	KISSIMMEE FL	
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		

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:

Michael P. Christian VPCF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/00
Date

407-847-2841
Daytime Phone #

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90073 040 ***158.75

C0045011



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)