

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90050 010 \*\*\*150.00

**DOCUMENT # G06741**

1. Entity Name

**THE LANGFORD GROUP, INC.**

Principal Place of Business

Mailing Address

% DORAL EXECUTIVE OFFICE PARK  
 3625 N.W. 82ND AVE.  
 MIAMI FL 33166

% DORAL EXECUTIVE OFFICE PARK  
 3625 N.W. 82ND AVE.  
 MIAMI FL 33166-6652

00017891



DO NOT WRITE IN THIS SPACE

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

**59-2416833**

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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	VD	<input type="checkbox"/> Delete
NAME	MANNENTI, THOMAS J	
STREET ADDRESS	2536 PEPPERMILL RIDGE DR	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANGFORD, GALE	
STREET ADDRESS	19521 WEST LAKE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CARR, JOSEPH C., JR.	
STREET ADDRESS	1968 PARKLAND WOODS CT.	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOOMBS, EUGENE M.	
STREET ADDRESS	1116 TEMPLETON PLACE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	SORDO, ARTURO P	
STREET ADDRESS	15976 DOWNALL GREEN DR	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gale Langford* 1/31/00 305/591-71