

# 2001 UNIFORM BUSINESS REPORT (UBR)

0524427

DOCUMENT # **G41930**

1. Entity Name  
**LF INVESTMENTS, INC.**

**FILED**

**01 APR 12 PM 2:14**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**200 CENTRAL AVE STE 1600  
ST. PETERSBURG FL 33701  
US**

Mailing Address  
**P O BOX 3542  
ST. PETERSBURG FL 33731  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**119 Spadina Ave.**  
Suite, Apt. #, etc.  
**401**

3. Mailing Address  
**119 Spadina Ave.**  
Suite, Apt. #, etc.  
**X 401**

City & State  
**Toronto, Ontario**  
Zip  
**M5V 2L1** Country  
**Canada**

City & State  
**Toronto, Ontario**  
Zip  
**M5V 2L1** Country  
**Canada**

4. FEI Number  
**59-2428845**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**FREIBERG, LOUIS  
1000 MARLIN LAKES CIRCLE  
SARASOTA FL 34232**

## 7. Name and Address of New Registered Agent

Name  
**UCC Filing & Search Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**526 E. Park Avenue**  
City  
**Tallahassee** FL Zip Code  
**32301**

8. The above named entity is hereby registered 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 re-registering)

DATE

**Ed Hand President**

**4-12-01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD and Secretary FRIEBERG, LOUIS 1000 MARLINS LAKES CIRCLE SARASOTA FL 34232</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP THORNE, COLIN A 17 HALTON COURT MARKHAM, OTARIO</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Jack Frieborg 119 Spadina Ave., St. 401 Toronto, Ontario, Canada M5V 2L1</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Secretary Louis Frieborg 119 Spadina Ave., Suite 401 Toronto, Ontario, Canada M5V 2L1</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000004014260--6 -04/17/01--01108--020 ***150.00 ***150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Jack Frieborg 119 Spadina Ave., Suite 401 Toronto, Ontario, Canada M5V 2L1</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

**Jack Frieborg**

**March 21/01**

Date

**416-593 6420 Ext 24**

Daytime Phone #

CR2E034 (10/00)