

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G79561

1. Entity Name

LRG, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90162 026 ***150.00

Principal Place of Business Mailing Address
% LUCIANO PRIORE, JR. % LUCIANO PRIORE, JR.
505 SWEETWATER CLUB CIR. SWEETWATER CLUB
LONGWOOD FL 32779 LONGWOOD FL 32779-2577

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2379711

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PRIORE, LUCIANO, JR.
505 SWEETWATER CLUB CIRCLE
SWEETWATER CLUB
LONGWOOD FL 32779-9130

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 _____ (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	<input type="checkbox"/> Delete
NAME	PRIORE, LUCIANO JR.	
STREET ADDRESS	505 SWEETWATER CLUB CIR.	
CITY-ST-ZIP	LONGWOOD FL 32779-2130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRIORE, ELIA MARIE	
STREET ADDRESS	505 SWEETWATER CLUB CIR.	
CITY-ST-ZIP	LONGWOOD FL 32779-2130	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PRIORE, LUCIANO III	
STREET ADDRESS	7349 SOMERSET SHORES COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PRIORE, RAFFAELE	
STREET ADDRESS	153 PARKER FARM ROAD	
CITY-ST-ZIP	WALLINGFORD CT 06492	
TITLE	MD	<input type="checkbox"/> Delete
NAME	PRIORE, GIOVANNI	
STREET ADDRESS	1850 KINGS HIGHWAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIORE, LUCIANO III	
STREET ADDRESS	505 SWEETWATER CLUB CIRCLE	
CITY-ST-ZIP	LONGWOOD, FLORIDA 32779-2130	
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: LUCIANO PRIORE JR. 3 JANUARY 2000 407-869-8934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #