

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G79561**

1. Entity Name  
LRG, INC.

Principal Place of Business  
6 LUCIANO PRIORE, JR.  
505 SWEETWATER CLUB CIR. SWEETWATER CLUB  
LONGWOOD FL 32779

Mailing Address  
6 LUCIANO PRIORE, JR.  
505 SWEETWATER CLUB CIR. SWEETWATER CLUB  
LONGWOOD FL 32779

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** **59-2379711** **Applied For**  
**Not Applicable**

**6. Name and Address of Current 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 \_\_\_\_\_  
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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PRIORE, LUCIANO JR. 505 SWEETWATER CLUB CIR. LONGWOOD FL 32779-2130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRIORE, ELIA MARIE 505 SWEETWATER CLUB CIR. LONGWOOD FL 32779-2130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRIORE, LUCIANO III 8952 ESQUERRA LANE ORLANDO FL 32836-5443	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PRIORE, RAFFAELE 153 PARKER FARM ROAD WALLINGFORD CT 06492	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PRIORE, GIOVANNI 1850 KINGS HIGHWAY KISSIMMEE FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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* **Luciano PRIORE JR. 30 January 2002-407-869-8934**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 11, 2002 8:00 am  
Secretary of State

03-11-2002 90054 001 \*\*\*150.00