

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

FORM 1001 (1/01)

**DOCUMENT # G79561**

1. Entity Name

**LRG, INC.**

Principal Place of Business

% LUCIANO PRIORE, JR.  
 505 SWEETWATER CLUB CIR..SWEETWATER CLUB  
 LONGWOOD FL 32779

Mailing Address

% 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

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE **PD** ☐ Delete  
 NAME **PRIORE, LUCIANO JR.**  
 STREET ADDRESS **505 SWEETWATER CLUB CIR.**  
 CITY-ST-ZIP **LONGWOOD FL 32779-2130**

TITLE **SD** ☐ Delete  
 NAME **PRIORE, ELIA MARIE**  
 STREET ADDRESS **505 SWEETWATER CLUB CIR.**  
 CITY-ST-ZIP **LONGWOOD FL 32779-2130**

TITLE **TD** ☐ Delete  
 NAME **PRIORE, LUCIANO III**  
 STREET ADDRESS **8952 ESQUERRA LANE**  
 CITY-ST-ZIP **ORLANDO FL 32836-5443**

TITLE **CD** ☐ Delete  
 NAME **PRIORE, RAFFAELE**  
 STREET ADDRESS **153 PARKER FARM ROAD**  
 CITY-ST-ZIP **WALLINGFORD CT 06492**

TITLE **MD** ☐ Delete  
 NAME **PRIORE, GIOVANNI**  
 STREET ADDRESS **1850 KINGS HIGHWAY**  
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2822 ROLLMAN ROAD**  
 CITY-ST-ZIP **ORLANDO, FL. 32837**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.** **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)