

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
 03-16-2001 90035 014 ***150.00

DOCUMENT # H82252

1. Entity Name
LUCERNE REALTY, INC.

Principal Place of Business Mailing Address
 P.O. BOX 58717 P.O. BOX 58717
 SALT LAKE CITY UT 84158-0717 SALT LAKE CITY UT 84158-0717

2. Principal Place of Business 3. Mailing Address
 255 S. Orange Ave. 255 S. Orange Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #1255 #1255

City & State City & State
 Orlando, FL Orlando FL
 Zip Country Zip Country
 32801 USA 32801 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1645054** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BEVERLEY, WILLIAM A
255 S. ORANGE AVENUE
STE 1255
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **MARY B. SHARP**
 Street Address (P.O. Box Number is Not Acceptable)
 255 S. Orange Ave
 #1255
 City **Orlando** FL Zip Code **32801**

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 *Mary B. Sharp* **MARY B. SHARP** 2-19-01
 Signature, typed or printed name of registered agent and title is acceptable. (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, 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	DP	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, MARILYN	
STREET ADDRESS	3069 E CARRIGAN CANYON DR	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TOBLER, JENNIFER	
STREET ADDRESS	3069 E CARRIGAN CANYON DR	
CITY-ST-ZIP	SALT LAKE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary B. Sharp	
STREET ADDRESS	255 S. Orange Ave. #1255	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michele A. Brown	
STREET ADDRESS	255 S. Orange Ave #1255	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Finley M. Hamilton	
STREET ADDRESS	255 S. Orange Ave #1255	
CITY-ST-ZIP	Orlando, FL 32801	
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: *Mary B. Sharp* **MARY B. SHARP** 3/13/01 407.835.0016
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)