

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90025 010 \*\*\*150.00

**DOCUMENT # J57652**

1. Entity Name

**LEDERER AND ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

5000 SAN JOSE BLVD #143  
 JACKSONVILLE FL 32207

5000 SAN JOSE BLVD #143  
 JACKSONVILLE FL 42103-2493

2. Principal Place of Business

3. Mailing Address

**Lederer and Associates**  
**850 Wilkinson Trace Road**  
**Apt. #74**  
**Bowling Green, KY 42103**

**Lederer and Associates**  
**850 Wilkinson Trace Road**  
**Apt. #74**  
**Bowling Green, KY 42103**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2783277**

Applied For  
 Not Applicable

Zip

Country

*Warren*

Zip

Country

*Warren*

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

**NESBITT, WILLIAM C.**  
**1628 SAN MARCO BLVD**  
**SUITE 4**  
**JACKSONVILLE FL 32207**

*No Attorney  
 as of get in  
 Kentucky*

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, 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 **STD** ☐ Delete  
 NAME **LEDERER, FRANK P.**  
 STREET ADDRESS **5000 SAN JOSE BLVD #143**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition  
 NAME **Lederer and Associates**  
 STREET ADDRESS **850 Wilkinson Trace Road**  
 CITY-ST-ZIP **Apt. #74**  
**Bowling Green, KY 42103**

TITLE **D** ☐ Delete  
 NAME **LEDERER, MARGARET T.**  
 STREET ADDRESS **5000 SAN JOSE BLVD #143**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition  
 NAME **Lederer and Associates**  
 STREET ADDRESS **850 Wilkinson Trace Road**  
 CITY-ST-ZIP **Apt. #74**  
**Bowling Green, KY 42103**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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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 another like empowered.

SIGNATURE:

*Frank Lederer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/2000*  
 Date

*270-393-0046*  
 Daytime Phone #

CR2E034 (9/99)