

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K24712

1. Entity Name

H.R. LUBBEN GROUP, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90085 025 ***150.00

Principal Place of Business

Mailing Address

3220 NE 14th ST
POMPANO BCH FL 33062
US

500 E BROWARD BLVD STE 1950
ATTN: DAVID C HARDIN
FORT LAUDERDALE FL 33394-3004

2. Principal Place of Business

3. Mailing Address

3220 N. 14th ST.

SAMA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BCH. FL.

4. FEI Number

65-0058937

Applied For

Not Applicable

Zip

Country

Zip

Country

33062

US

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

HARDIN, DAVID C
500 EAST BROWARD BLVD STE 1950
FORT LAUDERDALE FL 33394

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LUBBEN, DAVID R.
3220 NORTHEAST 14TH ST.
POMPANO BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
GAVIN, SUSAN
3220 NE 14TH STREET
POMPANO BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

954-942-9989

Daytime Phone #

CR2E034 (9/99)