

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90097 024 \*\*\*150.00

**DOCUMENT # K45953**

1. Entity Name

**LARRY ALDRICH ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**3605 BUCKEYE RD  
 PALMETTO FL 34221  
 US**

**3505 BUCKEYE ROAD  
 PALMETTO FL 34221  
 US**

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 **65-0101458**

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

7. Name and Address of New Registered Agent

**ALDRICH, IRINA  
 5207 PALMETTO POINT DRIVE  
 PALMETTO FL 34221**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>P ALDRICH, LARRY</b>		NAME	
STREET ADDRESS <b>5207 PALMETTO POINT DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PALMETTO FL 34221</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ST ALDRICH, IRINA</b>		NAME	
STREET ADDRESS <b>5207 PALMETTO POINT DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PALMETTO FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EVP BOYCE, MAYNARD J</b>		NAME	
STREET ADDRESS <b>2412 EMORY AVE.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL 34207</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VPCO WASDEN, RONALD</b>		NAME	
STREET ADDRESS <b>2408 7TH CT. E.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ELLENTON FL 34222</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Larry Aldrich* **ALDRICH** *1-20-00* *941-722-2319*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)