

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002687

1. Entity Name  
ATTRIDGE, COHEN & LUCAS, P.L.

FILED

01 JAN 26 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7136 LITTLE RD.  
NEW PORT RICHEY FL 34654

Mailing Address  
7136 LITTLE RD.  
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3635417

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCAS, JEFF

~~8406 MASSACHUSETTS AVE., SUITE A-2~~  
~~NEW PORT RICHEY FL 34653~~

7136 Little Rd.  
New Port Richey  
FL 34654

Name

JEFF LUCAS

Street Address (P.O. Box Number is Not Acceptable)

7136 Little Road

New Port Richey

City

FL

Zip Code

34654

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 Jeff Lucas

Registered Agent

1/11/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President ☐ Delete  
NAME Robert W. Attridge Jr  
STREET ADDRESS 7136 Little Road  
CITY-ST-ZIP New Port Richey FL 34654

☐ Change ☐ Addition  
200003602922--9  
-01/30/01--01134--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE Vice President ☐ Delete  
NAME Jeff Lucas  
STREET ADDRESS 7136 Little Road  
CITY-ST-ZIP New Port Richey FL 34654

☐ Change ☐ Addition

TITLE Secretary ☐ Delete  
NAME Amy G. Cohen  
STREET ADDRESS 7136 Little Road  
CITY-ST-ZIP New Port Richey FL 34654

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jeff Lucas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-11-01

727-817-1707

Date

Daytime Phone #

CR2E083 (1/1/00)