

2001 UNIFORM BUSINESS REPORT (UBR)

0023373 AF

DOCUMENT # L00000008134

1. Entity Name
LENHARDT AND WICKHAM, LC

FILED

01 APR 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
301 VALENCIA CT
WINTER GARDEN FL 34787

Mailing Address
301 VALENCIA CT
WINTER GARDEN FL 34787



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

59-3666616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

MAGILL, PATRICK M
2110 E ROBINSON ST
ORLANDO FL 32803

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LENHARDT, JOYCE
301 VALENCIA CT
WINTER GARDEN FL 34787 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WICKHAM, DEREK
11 THE COURT CYPRESS DOWNS TEMPLEQUE
DUBIN 6W IRELAND ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Wickham, Derek
6 Andilea Wood, Clonsbeagh
Dublin 14, Ireland ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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TITLE
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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:

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

4/6/01
Date

407-656-8078
Daytime Phone #

CR2E083 (11/00)