

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90001 002 ****55.00

DOCUMENT # L01000010931

1. Entity Name

LAMPARD PROPERTIES, LLC



Principal Place of Business

4825 A1A SOUTH, BOX 300
ST. AUGUSTINE FL 32080

Mailing Address

4825 A1A SOUTH, BOX 300
ST. AUGUSTINE FL 32080

2. Principal Place of Business

2744 U.S. 1 SOUTH

Suite, Apt. #, etc.

UP STAIRS

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3732752**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMPARD, VIVIAN M
2744 U.S. 1 SOUTH
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LAMPARD, VIVIAN M**
STREET ADDRESS **2744 U.S. 1 SOUTH**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **OFFICE MANAGER** ☐ Change ☒ Addition
NAME **CHARLES R. LAMPARD**
STREET ADDRESS **2744 U.S. 1 SOUTH**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

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

TITLE ☐ Change ☐ Addition
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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:

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

6/20/03

Date

(904) 874-5660

Daytime Phone #

CRCE083 (10/02)