

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09434

1. Entity Name

THE LIST COMPANIES GROUP, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90062 009 ***150.00

Principal Place of Business

Mailing Address

% MARTIN A. LIST
138 NORTH COUNTY ROAD
PALM BEACH FL 33480

% MARTIN A. LIST
138 NORTH COUNTY ROAD
PALM BEACH FL 33480-3917

2. Principal Place of Business

3. Mailing Address

223 Sunset Ave,

223 Sunset Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

Suite 110

City & State

City & State

Palm Beach, FL

Palm Beach, FL

Zip

Country

Zip

Country

33480

USA

33480

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0146511

Applied For

Not Applicable

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

LIST, MARTIN A.
138 NORTH COUNTY ROAD
PALM BEACH FL 33480

Name

Martin A. List

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

223 Sunset Ave, Suite 110

City

Palm Beach

FL

Zip Code

33480

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/14/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DVS	LIST, ROBERT E.	138 N. COUNTY ROAD	PALM BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	LIST, MARTIN A.	138 N. COUNTY ROAD	PALM BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
Date

(561) 655-7150
Daytime Phone #

CR2E034 (9/99)