

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15975

1. Entity Name
LOMBARDI, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90036 050 ***550.00

Principal Place of Business

1307 E. NORMANDY BLVD /
SUITE 1 /
DELTONA FL 32725 /

Mailing Address

1307 E. NORMANDY BLVD /
SUITE 1 /
DELTONA FL 32725 /

2. Principal Place of Business

7650 Broken Arrow Trail

3. Mailing Address

Post Office Box 547

Suite, Apt. #, etc.

7650 Broken Arrow Trail, FL 32725

Suite, Apt. #, etc.

Post Office Box 547, FL 32725

City & State

Winter Park, FL 32789

City & State

Goldenrod, FL 32733

4. FEI Number

59-2968303

Applied For

Not Applicable

Zip

32792

Country

Orange

Zip

32733

Country

Seminole

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

BRADBEER, KAREN /
1307 E. NORMANDY BLVD
SUITE 1 /
DELTONA FL 32725 /

Name

Hugh David Mynhier

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

7650 Broken Arrow Trail

City

Winter Park,

FL

Zip Code

32792

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)

9/13/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PVP	<input type="checkbox"/> Delete
NAME	MYNHIER, HUGH DAVID	
STREET ADDRESS	4822 N. GOLDENROD ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	STR	<input checked="" type="checkbox"/> Delete
NAME	BRADBEER, KAREN	
STREET ADDRESS	1307 E. NORMANDY BLVD SUITE 1 /	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

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

9/13/00

Date

(408)628-0928

Daytime Phone #

CP2E034 (5/00)