

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90148 049 \*\*\*158.75

**DOCUMENT # L39251**

1. Entity Name

**LUCKENBACH & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**C/O BARON R. LUCKENBACH  
407 LAKE HOWELL ROAD  
MAITLAND FL 32751**

**C/O BARON R. LUCKENBACH  
407 LAKE HOWELL ROAD  
MAITLAND FL 32751**

2. Principal Place of Business

**'SAME'**

3. Mailing Address

**'SAME'**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2988018**

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

**LUCKENBACH, BARON R.  
407 LAKE HOWELL ROAD  
MAITLAND FL 32751**

Name

**JASON J ZINNO**

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

**407 LAKE HOWELL RD**

City

**MAITLAND FL**

FL

Zip Code

**32751**

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

**JASON J ZINNO / BARON R. LUCKENBACH**

**1/14/2001**

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, 2001 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 **PDS**  
NAME **LUCKENBACH, BARON R.**  
STREET ADDRESS **407 LAKE HOWELL ROAD**  
CITY-ST-ZIP **MAITLAND FL**

☒ Delete

**Change to**

TITLE **VPST**  
NAME **LUCKENBACH, BEVERLY G.**  
STREET ADDRESS **407 LAKE HOWELL ROAD**  
CITY-ST-ZIP **MAITLAND FL 32751**

☒ Delete

**Change to**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE **President**  
NAME **Luckenbach, Baron R.**  
STREET ADDRESS **407 Lake Howell Road**  
CITY-ST-ZIP **Maitland, FL 32751**

☒ Change

☐ Addition

TITLE **Vice President**  
NAME **Luckenbach, Beverly G.**  
STREET ADDRESS **407 Lake Howell Road**  
CITY-ST-ZIP **Maitland, FL 32751**

☒ Change

☐ Addition

TITLE **Vice President, Secretary, Treasurer**  
NAME **Zinno, Jason J.**  
STREET ADDRESS **407 Lake Howell Road**  
CITY-ST-ZIP **Maitland, FL 32751**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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:

**JASON J ZINNO**

**JASON J ZINNO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/01**

Date

**1(407) 468 0109**

Daytime Phone #

CR2E034 (10/00)

0050443