

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69411

1. Entity Name

THE LORDSBURG MINING COMPANY

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90082 024 \*\*\*150.00

Principal Place of Business

% JOHN H. SOTTILE  
100 RIALTO PLACE #500  
MELBOURNE FL 32901

Mailing Address

% JOHN H. SOTTILE  
100 RIALTO PLACE #500  
MELBOURNE FL 32901-3073

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 ~~59-1570718~~  
59-3014474

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

SOTTILE, JOHN H.  
100 RIALTO PLACE  
SUITE 500  
MELBOURNE FL 32901

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

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 **DC** ☐ Delete  
NAME **SOTTILE, JOHN H.**  
STREET ADDRESS **2324 BROOKSIDE WAY**  
CITY-ST-ZIP **INDIALANTIC FL**

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

TITLE **P** ☐ Delete  
NAME **FREEMAN, PATRICK S.**  
STREET ADDRESS **1006 KOPRA STREET**  
CITY-ST-ZIP **TRUTH OR CONSEQ. NM**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1243 Marie Street**  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **STARLING, JOHN M.**  
STREET ADDRESS **190 E. OLMSTEAD DRIVE #5A**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ Change ☒ Addition  
NAME **Severs, Dwight W.**  
STREET ADDRESS **770 No. Carpenter Road**  
CITY-ST-ZIP **Titusville, FL 32796**

TITLE **TAS** ☐ Delete  
NAME **WHERRY, STEPHEN R.**  
STREET ADDRESS **1217 ELCON DRIVE**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3916 Peacock Drive**  
CITY-ST-ZIP **West Melbourne, FL**

TITLE **V** ☐ Delete  
NAME **WHITE, JOHN L**  
STREET ADDRESS **700 POPLAR**  
CITY-ST-ZIP **TRUTH OR CONSEQUENCES NM**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Fazzini, John P.**  
STREET ADDRESS **101 East Stuart Avenue**  
CITY-ST-ZIP **Lake Wales, FL 33853**

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:** By: *Stephen R. Wherry* **Stephen R. Wherry, Treasurer**

**321-724-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)