

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M43871**

1. Entity Name

LODESTAR NEW ORLEANS, INC.**FILED**
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90019 011 ***150.00

Principal Place of Business

Mailing Address

218 U.S. HWY #1 SUITE 300
TEQUESTA FL 33469218 U.S. HWY #1 SUITE 300
TEQUESTA FL 33469
US

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

59-2752437

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

DICKIE, PAUL A
218 US HWY 1
STE 300
TEQUESTA FL 33469

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 State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D/S	BYRNE, THOMAS F.	218 U.S. HWY #1 SUITE 300 TEQUESTA FL 33469	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DP	DICKIE, PAUL A.	218 U.S. HWY #1 SUITE 300 TEQUESTA FL 33469	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	V	SCOTT, PAUL W	218 U.S. HWY #1 SUITE 300 TEQUESTA FL 33469	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DT	MC GEE, NANCY E	218 U.S. HWY #1 SUITE 300 TEQUESTA FL 33469	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D/V	PATTON, GEORGE E.	218 U.S. HWY #1 SUITE 300 TEQUESTA FL 33469	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL A. DICKIE
PRESIDENT

Date

Daytime Phone #

4/28/00 (561) 748-9300

CR2E034 (9/99)