

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90033 007 ***150.00

DOCUMENT # M80105 ✓
1. Entity Name
LASSITER-WARE INSURANCE OF ORI

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425345

2. Principal Place of Business ^{Primary} Mailing Address
2701 MAITLAND CEN PO BOX 940159
Suite, Apt. #, etc. Suite 110
City & State MAITLAND FL City & State MAITLAND FL
Zip 32781 Country US Zip 32794-0159 Country US

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4. FEI Number 59-2887406
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
7. Name and Address of Current Registered Agent
Name OSTRANDER TED R JR
Street Address (P.O. Box Number is Not Acceptable) 1317 CITIZENS BLVD
City LEESBURG FL Zip Code 34748

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 _____ (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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | | | |
|----------------------------|-------------------------------|----------------|--|
| TITLE | <u>PD</u> | TITLE | |
| NAME | <u>OSTRANDER, TED R JR</u> | NAME | |
| STREET ADDRESS | <u>1644 LOVES POINT DRIVE</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>LEESBURG FL 34748</u> | CITY-ST-ZIP | |
| TITLE | <u>SD</u> | TITLE | |
| NAME | <u>STOER JOHN JACOB JR</u> | NAME | |
| STREET ADDRESS | <u>1089 PALM HARBOR DRIVE</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>LEESBURG FL 34748</u> | CITY-ST-ZIP | |
| TITLE | <u>VD</u> | TITLE | |
| NAME | <u>MCCLAIN CHRISTOPHER</u> | NAME | |
| STREET ADDRESS | <u>112A WISTERIA DRIVE</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>LONGWOOD FL 32779</u> | CITY-ST-ZIP | |
| TITLE | <u>TD</u> | TITLE | |
| NAME | <u>HAHNE JOHN E</u> | NAME | |
| STREET ADDRESS | <u>1019 PALM COVE DRIVE</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>ORLANDO FL 32835</u> | CITY-ST-ZIP | |
| TITLE | <u>VD</u> | TITLE | |
| NAME | <u>HUGHES, KRISTAN M</u> | NAME | |
| STREET ADDRESS | <u>4501 SAILBREEZE COURT</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>ORLANDO, FL 32810</u> | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] John E HAHNE 2/28/02 (352) 787-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)