

**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 OR

DO NOT WRITE IN THIS SPACE

425345

2. Principal Place of Business

Princ. Mailing Address

2701 MAITLAND CEN

PO BOX 940159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

City & State

City & State

MAITLAND FL

MAITLAND FL

Zip

Country

Zip

Country

32781

US

32794-0159

US

4. FEI Number

59-2887406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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)** ☐

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PD</u> <u>OSTRANDER, TED R JR</u> <u>1644 LOVES POINT DRIVE</u> <u>LEESBURG FL 34748</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SD</u> <u>STOER, JOHN JACOB JR</u> <u>1089 PALM HARBOR DRIVE</u> <u>LEESBURG FL 34748</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VD</u> <u>MCCLAIR CHRISTOPHER</u> <u>112A WISTERIA DRIVE</u> <u>LONGWOOD FL 32779</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TD</u> <u>HAGNE JOHN E</u> <u>1019 PALM COVE DRIVE</u> <u>ORLANDO FL 32835</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VD</u> <u>HUGHES, KRISTAN M</u> <u>4501 SAILBOREE COURT</u> <u>ORLANDO, FL 32810</u>
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E HAGNE

2/28/02

Date

(352) 787-3441

Daytime Phone #

CR2E034B (12/01)