

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001566

1. Entity Name
RICHARD L. LAPP D.O. P.A., LLC

Principal Place of Business

102 PEPPERTREE DRIVE
ORLANDO FL 32825

Mailing Address

102 PEPPERTREE DRIVE
ORLANDO FL 32825-3641

2. Principal Place of Business

102 Peppertree Drive
Suite, Apt. #, etc.

3. Mailing Address

102 Peppertree Dr
Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32825

Country

City & State
Orlando, Fla.

Zip
32825

Country

4. FEI Number

59-3576507

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAPP, RICHARD L DO
102 PEPPERTREE DRIVE
ORLANDO FL 32825

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR KELLER, KIM ☐ Delete
STREET ADDRESS 102 PEPPERTREE DRIVE
CITY-ST-ZIP ORLANDO FL 32825

TITLE NAME MGR LAPP, RICHARD L DO - owner ☐ Delete
STREET ADDRESS 102 PEPPERTREE DRIVE
CITY-ST-ZIP ORLANDO FL 32825

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003290357--0
CITY-ST-ZIP -06/15/00--01013--014

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****55.00
CITY-ST-ZIP *****55.00

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5/26/00 407-273-959

CR2E083 (9/99)