

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002334

1. Entity Name

LAMBERT FOUNDATION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90930 043 ****61.25

Principal Place of Business

1025 FLAMEVINE LN.
VERO BEACH FL 32963

Mailing Address

1025 FLAMEVINE LN.
VERO BEACH FL 32963-1964

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0749367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, ROY H
1025 FLAMEVINE LN.
VERO BEACH FL 32963

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LAMBERT, ROY H.
STREET ADDRESS 1025 FLAMEVINE LANE STE 3
CITY-ST-ZIP VERO BEACH FL 32963

TITLE VPD ☐ Delete
NAME LAMBERT, PATSY J.
STREET ADDRESS 1025 FLAMEVINE LANE STE 3
CITY-ST-ZIP VERO BEACH FL 32963

TITLE TS ☐ Delete
NAME LOHUIS, NEAL R.
STREET ADDRESS 1025 FLAMEVINE LANE STE 3
CITY-ST-ZIP VERO BEACH FL 32963

TITLE D ☐ Delete
NAME DAVIS, DONNA G.
STREET ADDRESS 1495 56TH SQUARE E
CITY-ST-ZIP VERO BEACH FL 32966

TITLE D ☐ Delete
NAME LAMBERT, JR. R
STREET ADDRESS 1025 FLAMEVINE LANE STE 3
CITY-ST-ZIP VERO BEACH FL 32963

TITLE D ☐ Delete
NAME LAMBERT, RONALD S.
STREET ADDRESS 1481 56TH SQUARE W
CITY-ST-ZIP VERO BEACH FL 32966

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Neal R. Lohuis* Lohuis, Treasurer 561-231-4446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)