2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000065

1. Entity Name

LAC PARENT GROUP, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90060 026 ****61.25

Principal Place of Business	Mailing Address
2714 W. KIRBY ST. TAMPA FL 33614	2714 W. KIRBY ST. TAMPA FL 33614-3300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8003 LAGO VISTA DRIVE Suite, Apt. #, etc.
City & State	City & State: TAMPA, FL
Zip / Country	Zip: 33614-2740 Country: USA

4. FEI Number: 59-3552162 ☐ 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
RODRIGUEZ, YVONNE R 8003 LAGO VISTA DRIVE TAMPA FL 33614	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COX, SHARON 56047 PINE BAY DRIVE TAMPA FL 33625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRASSA, GLORIA 8001 LAGO VISTA DR. TAMPA, FL 33614	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRASSA, GLORIA 8001 LAGO VISTA DR. TAMPA FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RODRIGUEZ, YVONNE R. 8003 LAGO VISTA DR. TAMPA, FL 33614	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOBAR, JEAN 2928 WALLCRAFT AVE. TAMPA FL 33611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BURNETT, ROSE 15934 NOTTINGHILL DR. LUTZ FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOLLIFF, LOUISE 15018 REDCLIFF DR. TAMPA, FL 33625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KERN, CHRISTINE 8317 WEST FOREST CIRCLE TAMPA FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Christine M. Kern CHRISTINE M. KERN 2-29-00 813-884-0198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #