

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000065

1. Entity Name

LAC PARENT GROUP, INC.

Principal Place of Business

2714 W. KIRBY ST.
TAMPA FL 33614

Mailing Address

8003 LAGO VISTA DRIVE
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 PD
NAME COX, SHARON
STREET ADDRESS 56047 PINE BAY DRIVE
CITY-ST-ZIP TAMPA FL 33625 ☒ Delete

TITLE PD
NAME GLORIA FRASSA
STREET ADDRESS 8001 LAGO VISTA DR.
CITY-ST-ZIP TAMPA, FL 33614 ☒ Change ☒ Addition

TITLE VD
NAME FRASSA, GLORIA
STREET ADDRESS 8001 LAGO VISTA DR.
CITY-ST-ZIP TAMPA FL 33614 ☒ Delete

TITLE VD
NAME YVONNE R. RODRIGUEZ
STREET ADDRESS 8003 LAGO VISTA DR.
CITY-ST-ZIP TAMPA, FL 33614 ☒ Change ☒ Addition

TITLE V
NAME HOBAR, JEAN
STREET ADDRESS 2928 WALLCRAFT AVE.
CITY-ST-ZIP TAMPA FL 33611 ☒ Delete

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

TITLE S
NAME BURNETT, ROSE
STREET ADDRESS 15934 NOTTINGHILL DR.
CITY-ST-ZIP LUTZ FL 33549 ☒ Delete

TITLE S
NAME LOUISE JOLLIFF
STREET ADDRESS 15018 REDCLIFF DR.
CITY-ST-ZIP TAMPA, FL 33625 ☐ Change ☒ Addition

TITLE T
NAME KERN, CHRISTINE
STREET ADDRESS 8317 WEST FOREST CIRCLE
CITY-ST-ZIP 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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01 813-884-0198
Date Daytime Phone #

705994



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)