

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # N99000005332

1. Entity Name

THE LILLIE STOATES AWARDS INC.

Principal Place of Business

Mailing Address

P.O. BOX 616069
ORLANDO FL 32861

P.O. BOX 616069
ORLANDO FL 32861-6069

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

59-3449032

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

BARNES, AVIS-MARIE
7634 PACIFIC HEIGHTS
ORLANDO FL 32835

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	CHAIRMAN	<input type="checkbox"/> Delete
NAME	FRANK SIANO	
STREET ADDRESS	2640 CEDAR BLUFF LANE	
CITY-ST-ZIP	OCFEE, FLORIDA 32761	
TITLE	VICE-CHAIRMAN	<input type="checkbox"/> Delete
NAME	DARBY BALLARD	
STREET ADDRESS	673 SCARLET OAK CIRCLE #103	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	AVIS-MARIE BARNES	
STREET ADDRESS	7634 PACIFIC HGT'S CIRCLE	
CITY-ST-ZIP	ORLANDO, FLORIDA 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 (407) 291-3223

Date

Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State

01-31-2000 90026 039 ****61.25



DO NOT WRITE IN THIS SPACE