

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90074 037 ***158.75

DOCUMENT # P 00000039506

1. Entity Name

LB OF Lee, inc.

Principal Place of Business

449 SW 132ND Court Circle
Miami, FL.
33183-5141

Mailing Address

P.O. Box 24
WABASSO, FL.
32970-0024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 24

WABASSO, FL.

32970-0024

US

4. FEI Number

#65-1004104

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

ROBERTA KEARNS
6449 SW 132ND Court Circle
Miami, FL 33183-5141

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: DIRECTOR
NAME: SHELDON OBELSKY
STREET ADDRESS: 6449 SW 132ND Court Circle
CITY-ST-ZIP: Miami, FL. 33183

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P/T
NAME: SHELDON OBELSKY
STREET ADDRESS: 6449 SW 132ND Court Circle
CITY-ST-ZIP: Miami, FL. 33183

☐ Change

X Addition

TITLE: VP/D/S
NAME: LISA BARGANIER
STREET ADDRESS: 6449 SW 132ND Court Circle
CITY-ST-ZIP: Miami, FL. 33183

☐ Change

X Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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☐ Addition

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA BARGANIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa S. Barganier

2/20/01 888-523-3060

Date

Daytime Phone #

CR2E034 (11/00)