

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90017 050 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000052234**

1. Entity Name  
**LASSITER-WARE FINANCIAL SERVICES, INC.**

Principal Place of Business  
**1317 W. CITIZENS BLVD.  
 LEESBURG FL 34749**

Mailing Address  
**PO BOX 480690  
 LEESBURG FL 34749-0690**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

59-3721496

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SENTNER, KEVIN A  
 104 S. OLD DIXIE HWY.  
 LADY LAKE FL 32150**

Name **OSTRANDER, TED R JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1317 CITIZENS BLVD**  
 City **LEESBURG** FL Zip Code **34748**

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)

3/29/02

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, 2002 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 **PD** ☐ Delete  
 NAME **OSTRANDER, TED R JR**  
 STREET ADDRESS **1317 CITIZENS BLVD**  
 CITY-ST-ZIP **LEESBURG**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition  
 NAME **OSTRANDER, TED R JR**  
 STREET ADDRESS **1644 LOUFS POINT DR**  
 CITY-ST-ZIP **LEESBURG FL**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **STORR, JOHN T JR**  
 STREET ADDRESS **1089 PALM HARBOR DR**  
 CITY-ST-ZIP **LEESBURG FL**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **HANNE, JOHN E**  
 STREET ADDRESS **1019 PALM COVE DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **PIERSALL, JOHN**  
 STREET ADDRESS **8817 E SANDPIPER DRIVE**  
 CITY-ST-ZIP **INVERNESS FL**

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

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

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN E HANNE** 2/28/02  
 Date

**(352) 787-3441**  
 Daytime Phone #

CR2E034 (9/01)