

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91139 009 ***150.00

DOCUMENT # P01000090894

1. Entity Name

THE LYFORD CAY COLLECTION, INC.

Principal Place of Business

**145 CIRCLE HILL ROAD
 SANFORD FL 32773**

Mailing Address

**145 CIRCLE HILL ROAD
 SANFORD FL 32773**

2. Principal Place of Business

413 Central Park Dr.
 Suite, Apt. #, etc.

3. Mailing Address

413 Central Park Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

59-3745110

Applied For

Not Applicable

Zip
32771

Country

USA

Zip
32771

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HOCTOR, JAMES J
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Susan Lawless**

Street Address (P.O. Box Number is Not Acceptable)

145 Circle Hill Rd.

City

Sanford, FL

FL

Zip Code

32771

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

Susan Lawless

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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 **D** ☐ Delete
 NAME **FRANKUM, JOHN**
 STREET ADDRESS **145 CIRCLE HILL ROAD**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

Susan Lawless

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (407)
474 5893

Date

Daytime Phone #

CR2E034 (9/01)