

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90071 026 ***158.75

DOCUMENT # P02000130859

1. Entity Name

LBFH HOLDING COMPANY, INC.



Principal Place of Business

3550 S.W. CORPORATE PARKWAY
PALM CITY FL 34990

Mailing Address

3550 S.W. CORPORATE PARKWAY
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDAHL, LENNART E
3550 S.W. CORPORATE PKWY
PALM CITY FL 34990

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HERMESMEYER, MICHAEL T	
STREET ADDRESS	3550 SW CORPORATE PKWAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	ECKLER, SCOTT	
STREET ADDRESS	3550 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LINDAHL, LENNART E	
STREET ADDRESS	3550 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	T	<input type="checkbox"/> Delete
NAME	VOKOUN, T C	
STREET ADDRESS	3550 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MEIERS, GORDON	
STREET ADDRESS	1400 COLONIAL BLVD. SUITE 31	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CLARK, D	
STREET ADDRESS	2029 PALM BEACH LAKES BLVD, SUITE 600	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" 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	TDV	<input checked="" 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 607, 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

2-26-03 112 286 3893

CR2E034 (10/02)