

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90144 045 \*\*\*150.00

**DOCUMENT # P92000002493**

1. Entity Name

**LRGRC, INC.**

Principal Place of Business

SUITE 1050 FIRST UNION FINANCIAL CENTER  
 200 SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131-2394  
 US

Mailing Address

SUITE 1050 FIRST UNION FINANCIAL CENTER  
 200 SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131-2310  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*2601 South Bayshore Dr*

3. Mailing Address

*2601 South Bayshore Dr.*

Suite, Apt. #, etc.

*Ste. 1600*

Suite, Apt. #, etc.

*Ste. 1600*

City & State

*Miami, FL*

City & State

*Miami, FL*

4. FEI Number

**65-0367629**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHATZMAN, ROBERT A. E  
 SUITE 1050 FIRST UNION FINANCIAL CENTER  
 200 S. BISCAYNE BLVD.  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *Schatzman, Robert A.*  
 Street Address (P.O. Box Number is Not Acceptable) *2601 South Bayshore Drive*  
*Suite 1600*  
 City *Miami* FL Zip Code *33133*

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-10-00*

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	SCHATZMAN, ROBERT A	200 S. BISCAYNE BLVD., SUITE 1050	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>Schatzman, Robert A.</i>	<i>2601 South Bayshore Dr. Ste. 1600</i>	<i>Miami, FL 33133</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 a address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

*4-10-00*

Daytime Phone #