

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017001

1. Entity Name

THE CONRAD LEE COMPANY

FILED

Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90056 001 \*\*\*300.00

Principal Place of Business

Mailing Address

7280 PALMETTO PARK ROAD  
#208  
BOCA RATON FL 33433  
US

7280 PALMETTO PARK ROAD  
#208  
BOCA RATON FL 33433-3423  
US

2. Principal Place of Business

225 NE MIZNER BLVD

3. Mailing Address

225 NE MIZNER BLVD

Suite, Apt. #, etc.

SUITE 780

Suite, Apt. #, etc.

SUITE 780

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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, 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 P  
NAME LEE, CONRAD  
STREET ADDRESS 7280 PALMETTO PARK ROAD, #208  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE CFOT  
NAME COLEMAN, MARK  
STREET ADDRESS 695 TOWN CENTER DRIVE  
CITY-ST-ZIP COSTA MESA CA 92626 ☐ Delete

TITLE COOD  
NAME HOFFMAN, DAVID  
STREET ADDRESS 695 TOWN CENTER DRIVE  
CITY-ST-ZIP COSTA MESA CA 92626 ☐ Delete

TITLE S  
NAME COLEMAN, MARK  
STREET ADDRESS 695 TOWN CENTER DRIVE  
CITY-ST-ZIP COSTA MESA CA 92626 ☐ Delete

TITLE D  
NAME MASSEY, CHRIS  
STREET ADDRESS 695 TOWN CENTER DRIVE  
CITY-ST-ZIP COSTA MESA CA 92626 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME MICHAEL GOLDSTEIN  
STREET ADDRESS 695 TOWN CENTER DRIVE  
CITY-ST-ZIP COSTA MESA, CA 92626 ☐ Change ☒ Addition

TITLE D  
NAME PRICE PRITCHETT  
STREET ADDRESS 695 TOWN CENTER DRIVE  
CITY-ST-ZIP COSTA MESA, CA 92626 ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)