

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040834

1. Entity Name

A. LIGHTFOOT & ASSOCIATES, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90234 044 \*\*\*150.00

Principal Place of Business

~~2600 E SILVER SPRING BLVD~~  
~~OCALA FL 34470~~

Mailing Address

~~2600 E SILVER SPRING BLVD~~  
~~OCALA FL 34470~~

2. Principal Place of Business

1847 SW 1st Avenue

3. Mailing Address

1847 SW 1st Avenue

Suite, Apt. #, etc.

Ocala, Florida

Suite, Apt. #, etc.

Ocala, Florida

City & State

City & State

Zip

34474

Country

Marion

Zip

34474

Country

Marion



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0413060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIGHTFOOT, ALENE P  
110 S LONE OAK DR  
LEESBURG FL 34748

*same*

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

*Aleene P. Lightfoot*

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

(NOTE: Registered Agent signature required when reinstating)

*4/6/00*

DATE

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 ☐ Delete  
NAME P  
STREET ADDRESS LIGHTFOOT, ALENE P  
CITY-ST-ZIP 110 S LONE OAK DR  
LEESBURG FL 34748

TITLE ☐ Delete  
NAME V  
STREET ADDRESS LIGHTFOOT, ROBERT E  
CITY-ST-ZIP 110 S LONE OAK DR  
LEESBURG FL 34748

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LIGHTFOOT-WATTS, LEIGH ANN  
CITY-ST-ZIP 2226 NE 10TH ST  
OCALA FL

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

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

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

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

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:

*Aleene P. Lightfoot*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/00*

Date

*352 629 4418*

Daytime Phone #

CR2E034 (9/99)