

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050687

1. Entity Name

L. D. PRICE & ASSOCIATES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90136 023 ***150.00

Principal Place of Business

Mailing Address

1065 TILDENVILLE SCHOOL RD
SUITE 1
WINTER GARDEN FL 34787
US

1065 TILDENVILLE SCHOOL RD
WINTER GARDEN FL 34787-3515
US

C0005978



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

310 S Dillard St.

310 S Dillard St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110

110

City & State

City & State

Winter Garden, FL

Winter Garden, FL

Zip

Zip

34787

34787

Country
USA

Country
USA

4. FEI Number

59-3191054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, LOUIE D
1065 TILDENVILLE SCHOOL RD
WINTER GARDEN FL 34787

Name

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

310 S Dillard St. Suite 110

City

Winter Garden,

FL

Zip Code

34787

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PRICE, DAVID ☐ Delete
STREET ADDRESS 1065 TILDENVILLE SCHOOL RD
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 310 S Dillard St. Suite 110
CITY-ST-ZIP Winter Garden, FL 34787

TITLE VD
NAME PRICE, SYLVIA ☐ Delete
STREET ADDRESS 1065 TILDENVILLE SCHOOL RD
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE SD
NAME PRICE, LOUIE D ☐ Delete
STREET ADDRESS 1065 TILDENVILLE SCHOOL RD
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Smile D Price* *Louie D Price*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000 407-877-6100
Date Daytime Phone #