

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056750

1. Entity Name

LIGHTHOUSE REALTY GROUP, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90114 019 \*\*\*150.00

Principal Place of Business

Mailing Address

5401 A1A S  
ST AUGUSTINE FL 32084

5401 A1A S  
ST AUGUSTINE FL 32084-7111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3196146**

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

WICKER, JOHN R.  
5401 A1A S  
ST AUGUSTINE FL 32084

Name **Robert W. Lindsey**  
Street Address (P.O. Box Number is Not Acceptable)  
**5401 A1A South**  
**St. Augustine FL 32084**  
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 **Robert W. Lindsey**  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-29-00**

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	PST	<input checked="" type="checkbox"/> Delete
NAME	WICKER, JOHN R.	
STREET ADDRESS	5401 A1A S	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINDSEY, ROBERT WADE	
STREET ADDRESS	5401 A1A SOUTH SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert W. Lindsey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/24/00 904-471-3400**

CR2E034 (9/99)