

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90495 050 \*\*\*150.00

**DOCUMENT # P94000019988**

1. Entity Name

**LEWIS & CLARK OPERATING, INC.**

Principal Place of Business

Mailing Address

**8300 NW 103RD ST.  
HIALEAH GARDENS FL 33166****P.O. BOX 2577  
HIALEAH FL 33012-0577**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8083 NW 103rd Street**

Suite, Apt. #, etc.

3. Mailing Address

**Post Office Box 22577**

Suite, Apt. #, etc.

City &amp; State

**Hialeah Gardens, Florida**

City &amp; State

**Hialeah, Florida**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33016**

Country

**USA**

Zip

**33002**

Country

**USA**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

Name

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

**8083 NW 103rd Street**

City

**Hialeah Gardens****FL**Zip Code  
**33016****DUNN, LOWELL S  
8300 NW 103RD ST.  
HIALEAH GARDENS FL 33166**

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 **D** ☐ Delete  
NAME **DUNN, LOWELL S II**  
STREET ADDRESS **8300 NW 103RD ST.**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33166**TITLE ☒ Change ☐ Addition  
NAME **Dunn, Lowell S. II**  
STREET ADDRESS **8083 NW 103rd Street**  
CITY-ST-ZIP **Hialeah, Gardens, Florida 33016**TITLE ☐ Delete  
NAME  
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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:

**LOWELL S. DUNN II**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/22/2000**  
Date**305-821-8300**  
Daytime Phone #