

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062867

1. Entity Name

LIGHTHOUSE LIST COMPANY, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90012 035 \*\*\*150.00

Principal Place of Business

6499 NW 9TH AVENUE  
 301  
 FT. LAUDERDALE FL 33309  
 US

Mailing Address

6499 NW 9TH AVENUE  
 301  
 FT. LAUDERDALE FL 33309-2044  
 US

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

65-0517278

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

SWEENEY, FRANK  
 6499 NW. 9TH AVENUE,  
 STE 301  
 FT. LAUDERDALE FL 33309

Name

Bobby Orr

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

Same

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]*

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 ☐ Delete

NAME ORR, BOBBY  
 STREET ADDRESS 6499 NE 9TH AVE, STE 301  
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

NAME SWEENEY, FRANK  
 STREET ADDRESS 6499 NW 9TH AVENUE  
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

NAME DESALVO, ROBERT  
 STREET ADDRESS 6499 NE 9TH AVE, STE 301  
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME TRAVERSO, MARK  
 STREET ADDRESS 6499 NE 9TH AVE, STE 301  
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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

4/28/00 (954) 499-3008

Daytime Phone #

CR2E034 (9/99)