

2001 UNIFORM BUSINESS REPORT (UBR)

(Amended
2001
Form)

DOCUMENT # P94000064754

1. Entity Name

(Amended) LCW CAREER CONSULTING CORP

Principal Place of Business

Mailing Address

FILED
01 JUN 21 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6622 Southpoint Drive South

3. Mailing Address

6622 Southpoint Drive South

Suite, Apt. #, etc.

Suite 340

Suite, Apt. #, etc.

Suite 340

City & State

Jacksonville Florida

City & State

Jacksonville Florida

4. FEI Number

262857871

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

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

IAN M'CLURE

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

6622 Southpoint Drive South Suite 340

City

Jacksonville

FL

Zip Code

32216

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



(V.P.)

6/20/01

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, 2001 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	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	President / Director	☐ Change ☐ Addition
NAME	Errol Weinger	
STREET ADDRESS	192 Lexington Ave 15th Floor	
CITY - ST - ZIP	New York City NY 10016	
TITLE	Vice President / Director	☒ Change ☐ Addition
NAME	Geoff Coy	
STREET ADDRESS	7406 Jager Ct	
CITY - ST - ZIP	Cadburyville 1 Ohio 45230	
TITLE	Vice President / Secretary / Director	☐ Change ☒ Addition
NAME	IAN M'CLURE	
STREET ADDRESS	12750 Meert Dr #200	
CITY - ST - ZIP	Dallas Texas 75251	
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)(c), 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:

 (IAN M'CLURE, VP)

6/20/01

(972) 503-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)