

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070803

1. Entity Name

LAUFMAN, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90152 029 \*\*\*158.75

Principal Place of Business  
101 BRANDON TOWN CENTER BLVD  
BRANDON FL 33511  
US

Mailing Address  
5410 PIONEER PK BLVD  
STE D&E  
TAMPA FL 33634-4479  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3268673

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MARKS, LEONARD H  
201 E. KENNEDY BLVD.  
SUITE 1516  
TAMPA FL 33602

## 7. Name and Address of New Registered Agent

Name

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

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, 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

TITLE PD  
NAME GOLDONI, FRANK  
STREET ADDRESS 5410 PIONEER PK BLVD STE D&E  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE DST  
NAME GOLDONI, NANCY  
STREET ADDRESS 5410 PIONEER PK BLVD STE D&E  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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:

*Nancy Goldoni* Nancy Goldoni 1/31/00 882-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #