

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032154

1. Entity Name

LENOX PLACE CORPORATE, INC.

Principal Place of Business

21301 POWERLINE RD  
SUITE 312  
BOCA RATON FL 33433  
US

Mailing Address

5410 HOMBERG DR  
SUITE A  
KNOXVILLE TN 37919-5029  
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

59-3317805

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

WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON FL 34205

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LEVIN, RICHARD  
STREET ADDRESS 1733 WEST FLETCHER AVENUE  
CITY-ST-ZIP TAMPA FL 33612

☐ Delete

TITLE VS  
NAME RICE, SUZANNE L  
STREET ADDRESS 1733 FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE VTD  
NAME LEVIN, STEVEN  
STREET ADDRESS 21301 POWERLINE ROAD SUITE #312  
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE D  
NAME FERRUCCI, MARK A  
STREET ADDRESS 1209 ORANGE STREET  
CITY-ST-ZIP WILMINGTON DE 19801

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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 of Steven Levin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Levin, Treasurer 3/8/00 865-584-4175

Date

Daytime Phone #

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90129 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE