

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044492

1. Entity Name

LESSO & MAJOR ASSOCIATES, P.A.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90017 038 \*\*\*158.75

Principal Place of Business

900 FOX VALLEY DR  
SUITE 206  
LONGWOOD FL 32779

Mailing Address

900 FOX VALLEY DR  
SUITE 206  
LONGWOOD FL 32779-2552

2. Principal Place of Business

900 FOX VALLEY DR

3. Mailing Address

900 FOX VALLEY DR

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32779

Country

U

Zip

32779

Country

U



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3318063

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LESSO, JERRY  
900 FOX VALLEY DR  
SUITE 206  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

LESSO, JERRY

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

900 FOX VALLEY DR

SUITE 106

City

LONGWOOD

FL

Zip Code

32779

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 ☐ Delete  
NAME P  
STREET ADDRESS LASSO, JERRY  
CITY-ST-ZIP 1260 FOX FORREST CIRCLE  
APOPKA FL 32712

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS MAJOR, MARY K  
CITY-ST-ZIP 507 N BRIDGE DR  
ALTAMONTE SPRINGS FL

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS LASSO, PAM  
CITY-ST-ZIP 1260 FOXFORREST CIR  
APOPKA FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS LASSO, JERRY  
CITY-ST-ZIP 1170 ST. FRANCIS PLACE  
APOPKA, FL 32712

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS MAJOR, MARY  
CITY-ST-ZIP 507 N BRIDGE DR  
LONGWOOD, FL 32779

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS LASSO, PAM  
CITY-ST-ZIP 1170 ST. FRANCIS PLACE  
APOPKA, FL 32712

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:

Jerry Lasso, JERRY LASSO, PRESIDENT

3/7/2000

407-772-9207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #