

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90159 011 ***150.00

0043363 AV

DOCUMENT # P95000053011

1. Entity Name
LOST CAUSE, INC.

Principal Place of Business

**2928 WELLINGTON CIRCLE
 SUITE 201
 TALLAHASSEE FL 32309**

Mailing Address

**2928 WELLINGTON CIRCLE
 SUITE 201
 TALLAHASSEE FL 32309**

2. Principal Place of Business

2928 Wellington Circle
 Suite, Apt. #, etc.

3. Mailing Address

2928 Wellington Circle
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3336359

Applied For

Not Applicable

Zip

Country

Zip

Country

32309

32309

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

VISCONTI, FRANK

**2928 WELLINGTON CIRCLE
 SUITE 201
 TALLAHASSEE FL 32309**

Name

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

2928 Wellington Circle

City

FL

Zip Code

32309

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, 2002 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 **P** ☐ Delete
 NAME **VISCONTI, FRANK**
 STREET ADDRESS **2928 WELLINGTON CIRCLE STE. 201**
 CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☒ Change ☐ Addition
 NAME **2928 Wellington Circle Ste. 201**
 STREET ADDRESS **Tallahassee FL 32309**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **CAIRNS, MALCOLM R**
 STREET ADDRESS **2928 WELLINGTON CIRCLE STE. 201**
 CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☒ Change ☐ Addition
 NAME **2928 Wellington Circle Ste. 201**
 STREET ADDRESS **Tallahassee FL 32309**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **O'BRIEN, TIM**
 STREET ADDRESS **2928 WELLINGTON CIRCLE STE. 201**
 CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☐ Change ☐ Addition
 NAME **2928 Wellington Circle Ste. 201**
 STREET ADDRESS **Tallahassee FL 32309**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2002 850-68-2211

Date Daytime Phone #

CR2E034 (9/01)