

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90070 005 ***150.00

DOCUMENT # P95000059977

1. Entity Name

THE LAMCO GROUP, INC.

Principal Place of Business

201 S ORANGE AVE
 SUITE 1205
 ORLANDO FL 32801
 US

Mailing Address

201 S ORANGE AVE
 SUITE 1205
 ORLANDO FL 32801-3479
 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

05-0452650

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LAMORIELLO, NICHOLAS J	
STREET ADDRESS	201 S ORANGE AVE SUITE 120	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAMORIELLO, MARK	
STREET ADDRESS	201 S ORANGE AVE SUITE 1205	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	LAMORIELLO, NICHOLAS J	
STREET ADDRESS	201 S ORANGE AVE SUITE 1205	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAMORIELLO, PAULA A	
STREET ADDRESS	201 S ORANGE AVE SUITE 1205	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

NICHOLAS J. LAMORIELLO

3/31/00

Date

Daytime Phone #

CR25294 (0/00)