

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089210

1. Entity Name

LENTZ APPRAISAL GROUP, INC.

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90055 002 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O 2121 COUNTRY RD 951  
SUITE 202  
NAPLES FL 33999

C/O 2121 COUNTRY RD 951  
SUITE 202  
NAPLES FL 33999

2. Principal Place of Business

3. Mailing Address

4075 PINE RIDGE RD. EXT.

4075 PINE RIDGE RD. EXT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #12

SUITE #12

City & State

City & State

NAPLES, FLORIDA

NAPLES, FLORIDA

Zip Country  
34119 USA

Zip Country  
34119 USA

4. FEI Number

65-0625836

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

ATHAN, G. HELEN  
5551 RIDGEWOOD DR  
SUITE 501  
NAPLES FL 33963

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 D ☐ Delete  
NAME LENTZ, JOHN JR  
STREET ADDRESS 3720 FIELDSTONE BLVD #707  
CITY-ST-ZIP NAPLES FL 33999

TITLE D ☒ Change ☐ Addition  
NAME LENTZ, JOHN JR.  
STREET ADDRESS 5405 FREEPORT LANE  
CITY-ST-ZIP NAPLES, FLORIDA 34119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)