

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 20, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000050342**

1. Entity Name  
LARCRAFT, INC.

Principal Place of Business  
179 JAMES ST  
VENICE FL 34292 US

Mailing Address  
179 JAMES ST  
VENICE FL 34292 US

2. Principal Place of Business  
167 PROGRESS CIRCLE

3. Mailing Address  
167 PROGRESS CIRCLE

Suite, Apt. #, etc.

City & State  
VENICE FL

City & State  
VENICE FL

Zip Country  
34292 US

Zip Country  
34292 US

4. FEI Number  
**65-0206308**

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**

SCHWARTZ LARRY  
179 JAMES ST  
VENICE FL 34292 US

**7. Name and Address of New Registered Agent**

Name  
SCHWARTZ LARRY G

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

City  
VENICE FL Zip Code  
34292

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 **LARRY G. SCHWARTZ**

**04/20/2001**

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, 2001 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	S	<input type="checkbox"/> Delete
NAME	SCHWARTZ LYNNE	
STREET ADDRESS	834 GOLF DR.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VANDEKROL DON C	
STREET ADDRESS	720 PINELAND	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ LARRY C	
STREET ADDRESS	834 GOLF DR	
CITY-ST-ZIP	VENICE FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ LYNNE M	
STREET ADDRESS	834 GOLF DR.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEKROL DON C	
STREET ADDRESS	4781 LAFRANCE	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ LARRY G	
STREET ADDRESS	834 GOLF DR	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Don C. Vande Krol**

VP

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)