

2001 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # **PA16000076303**

1. Entity Name
CMG CAPITAL MANAGEMENT, INC.

FILED

01 FEB 12 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1516 E HILLCREST ST. #212 SAME
ORLANDO, FL 32803

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

2000-2001 UBR

4. FEI Number **59-3399413** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LANCE C. LEMONS

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1516 E. HILLCREST ST - STE 212
City **ORLANDO, FL** FL Zip Code **32803**

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 _____ (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 **(PRESIDENT)** LANCE C. LEMONS ☐ Delete
NAME
STREET ADDRESS **1516 E HILLCREST ST - #212**
CITY-ST-ZIP **ORLANDO, FL 32803**
TITLE ☐ Delete
NAME
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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
STREET ADDRESS **300003743273--6**
CITY-ST-ZIP **-02/20/01--01067--003**
******300.00 ****300.00**
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **LS**
CITY-ST-ZIP
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2001 Date

Daytime Phone #

CR2E034 (11/00)



STERLING, HENNING & ASSOCIATES
Certified Public Accountants, P.A.

2002

December 29, 2000

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re CMG Capital Management, Inc.
F/k/a Ivanahoe Capital Management, Inc.

To Whom It May Concern:

We are writing on behalf of our above referenced client in regards to the 2000 Department of State Corporate Annual Fee. While working on their accounting records for the year 2000, it came to our attention that the \$150 fee does not appear to have been paid. According to our client, no notices have been received. The entity had a name change at the end of 1999 (please see the attached document received from the State) and we wondered if this could have caused the mix-up. Respectfully, we request that any penalties be waived as a result of the above. Enclosed, please find the fee of \$150 to cover the 2000 Annual Fee. If you should need anything further, please do not hesitate to contact us.

Very truly yours,


Karla Henning Starkey, C.P.A.