

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081598

1. Entity Name
LMC FUNDING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90160 027 ***150.00

701774



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7434 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952

Mailing Address
7434 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952-1417

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0698930
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LIETAERT, JOHN A
515 NW SOLIDA CIRCLE
PORT ST. LUCIE FL 34983

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D LIETAERT, JOHN A 515 NE SOLIDA CIRCLE PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP
T LIETAERT-SPRING, SUSAN E 515 NE SOLIDA CIRCLE PORT ST. LUCIE FL 34983
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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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: JOHN A. LIETAERT 1/10/2000 (561) 879-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)