

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90202 001 ***750.00

DOCUMENT # P96000101138

1. Entity Name
L.H. PEPPER, INC.

Principal Place of Business
**341 NORTH MAITLAND AVENUE
 SUITE 340
 MAITLAND FL 32751
 US**

Mailing Address
**POST OFFICE DRAWER 7540
 MAITLAND FL 32794
 US**

11473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1900 Summit Tower Blvd.

3. Mailing Address
 Suite, Apt. #, etc.
Suite # 260

City & State
Orlando, FL

City & State

4. FEI Number
59-3422766

Applied For
 Not Applicable

Zip
32810

Country
USA

Zip

Country

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

**TATICH, PHILIP
 341 NORTH MAITLAND AVENUE
 SUITE 340
 MAITLAND FL 32751**

Name
LEFKOWITZ, HOWARD B.

Street Address (P.O. Box Number is Not Acceptable)
**1900 SUMMIT TOWER BOULEVARD
 SUITE 260**

City **ORLANDO** FL Zip Code **32810**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/16/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS LEFKOWITZ, HOWARD B 1900 SUMMIT TOWER BLVD ORLANDO FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

[Signature]
HOWARD B. LEFKOWITZ

2/29/00

407-667-8989

CR2E034 (9/99)