

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101138

1. Entity Name

L.H. PEPPER, INC.

Principal Place of Business

1900 SUMMIT TOWER BLVD.
SUITE 260
ORLANDO FL 32810
US

Mailing Address

POST OFFICE DRAWER 7540
MAITLAND FL 32794-7540
US

2. Principal Place of Business

423 South Keller Road

Suite, Apt. #, etc.

Suite 201

City & State

Orlando, Florida

Zip

32810

Country

USA

3. Mailing Address

423 South Keller Road

Suite, Apt. #, etc.

Suite 201

City & State

Orlando, Florida

Zip

32810

Country

USA

6. Name and Address of Current Registered Agent

TATICH, PHILIP
1900 SUMMIT TOWER BLVD
STE 260
ORLANDO FL 32810

4. FEI Number 59-3422766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Tatich, Philip

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

341 North Maitland Avenue

Suite 340

City

Maitland

FL

Zip Code

32751

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, 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 ☐ Delete
NAME DPS
STREET ADDRESS LEFKOWITZ, HOWARD B
CITY-ST-ZIP 1900 SUMMIT TOWER BLVD
ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 DPS
STREET ADDRESS Lefkowitz, Howard B
CITY-ST-ZIP 423 South Keller Road, Suite 201
Orlando, Florida 32810

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

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

TITLE ☐ Change ☐ Addition
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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 #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90053 037 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)