

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000106

1. Entity Name

LAURENWOOD CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90034 024 ***150.00

Principal Place of Business

742 W. JEFFERSON ST.
BROOKSVILLE FL 34601

Mailing Address

742 W. JEFFERSON ST.
BROOKSVILLE FL 34601-2530

2. Principal Place of Business

712 W. Jefferson St

Suite, Apt. #, etc.

3. Mailing Address

712 W. Jefferson St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-3419745

Applied For

Not Applicable

Zip

34601

Country

USA

Zip

34601

Country

USA

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

TURNER, JACKIE SR.
712 W. JEFFERSON ST.
APT. C
BROOKSVILLE FL 34601

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME TURNER, JACKIE SR.
STREET ADDRESS 712 W. JEFFERSON ST., APT C
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE DVS ☐ Delete
NAME WOOD, CATHERINE A
STREET ADDRESS 712 W. JEFFERSON ST., APT. C
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE ☐ Delete
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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

Jackie Turner Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

352.544.5550

Daytime Phone #