

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020956

1. Entity Name

LCND GROUP, P.A.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90016 020 ***150.00

Principal Place of Business

Mailing Address

201 E PINE ST. SUITE 500
ORLANDO FL 32801

201 E PINE ST. SUITE 500
ORLANDO FL 32801-2718

2. Principal Place of Business

1030 N. ORANGE AVE

3. Mailing Address

P.O. BOX 950870

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

LAKE MARY, FL.

4. FEI Number

59-3435086

Applied For

Not Applicable

Zip

32802

Country

ORANGE

Zip

32795

Country

SEMINOLE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEVEY, LOUIS J

201 E PINE ST, SUITE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

SAME NAME

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

1030 N. ORANGE AVE

SUITE 105

City

ORLANDO

FL

Zip Code

32802

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

4/21/00

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

TITLE ☐ Delete
NAME D HEVEY, LOUIS J
STREET ADDRESS 201 E PINE ST, SUITE 500
CITY-ST-ZIP ORLANDO FL 32801

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
STREET ADDRESS 1030 N. ORANGE AVE, SUITE 105
CITY-ST-ZIP ORLANDO, FL. 32802

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

Date

Daytime Phone #

4/21/00