

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90138 034 ***150.00

DOCUMENT # P97000036984

1. Entity Name
LARA HOLDINGS, INC.



Principal Place of Business
**10151 DEERWOOD PARK BLVD..
BLDG 100 STE 410
JACKSONVILLE FL 32256**

Mailing Address
**10151 DEERWOOD PARK BLVD..
BLDG 100 STE 410
JACKSONVILLE FL 32256**

2. Principal Place of Business
**9995 Gate Parkway
Suite, Apt. #, etc.
Suite 400**

3. Mailing Address
**9995 Gate Parkway
Suite, Apt. #, etc.
Suite 400**

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32246

Country
USA

Zip
32246

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3442856

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOEGLER, STEVEN C
10151 DEERWOOD PARK BLVD., BLDG. 100, STE. 410
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name
Koegler, Steven C.
Street Address (P.O. Box Number is Not Acceptable)
**9995 Gate Parkway
Suite 400
City
Jacksonville FL Zip Code
32246**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAVALIEROS, THEODOROS I 10151 DEERWOOD PARK BLVD, B100, #410 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9995 Gate Parkway, Ste 400 Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRENKEL, RAISSA 10151 DEERWOOD PARK BLVD, B-100, #410 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9995 Gate Parkway, Ste 400 Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KOEGLER, STEVEN C 10151 DEERWOOD PARK BLVD, B100, #410 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9995 Gate Parkway, Ste 400 Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SISSELMAN, STEVEN M 2 NEWTON PLACE, STE 150 NEWTON MA 32158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9995 Gate Parkway, Ste 400 Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sect. **2/19/03 (904) 996-8800**

Date

Daytime Phone #

CR2E034 (10/02)