

2001 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # P97000049866
1. Entity Name
LASTAR MANAGEMENT CORP.
Principal Place of Business
1032 E LAKE CLUB DRIVE
OLDSMAR FL 34677
Mailing Address
1032 E LAKE CLUB DRIVE
OLDSMAR FL 34677
2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
4. FEI Number
59-3453333
Applied For
Not Applicable
Zip
Country
Zip
Country
5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
**MOMBACH, GEOFFREY S
500 E. BROWARD BLVD., STE. 1950
FT. LAUDERDALE FL 33394**
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code
7. Name and Address of New Registered Agent
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
04/27/01
**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
12.
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**D
STARNS, BOB R
1032 EAST LAKE CLUB DRIVE
OLDSMAR FL 34677**
 Delete

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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Delete

**TITLE
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CITY-ST-ZIP**
 Change Addition

**TITLE
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 Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
 Change 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 reports 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 #
0425105
**FILED
May 15, 2001 8:00 am
Secretary of State**
05-15-2001 90010 001 *150.00**
653800

DO NOT WRITE IN THIS SPACE
CR2034 (10/00)