

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059001

1. Entity Name

BEACON LOMBARD CORPORATION

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90188 012 ***150.00

Principal Place of Business

Mailing Address

4420 BEACON CIRCLE
 SUITE #100
 WEST PALM BEACH FL 33407

4420 BEACON CIRCLE
 SUITE #100
 WEST PALM BEACH FL 33407-3281

2. Principal Place of Business

3. Mailing Address

1555 Palm Beach Lakes Blvd
 Suite, Apt. #, etc.
 1510

1555 Palm Beach Lakes Blvd
 Suite, Apt. #, etc.
 1510



DO NOT WRITE IN THIS SPACE

City & State West Palm Beach FL		City & State West Palm Beach FL		4. FEI Number 65-0769985	Applied For <input type="checkbox"/> Not Applicable
Zip 33401	Country Palm Beach	Zip 33401	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESHER, GERALD S ESQ.
 4420 BEACON CIRCLE
 SUITE #100
 WEST PALM BEACH FL 33407

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1555 Palm Beach Lakes Blvd Suite 1510
 City
 West Palm Beach FL Zip Code
 33401

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 *Gerald S. Lesh* Gerald S. Lesh

01-12-00

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 PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LESHER, GERALD S ESQ		NAME	
STREET ADDRESS 4420 BEACON CIRCLE		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33408		CITY-ST-ZIP	
TITLE P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gerald S. Lesh		NAME	
STREET ADDRESS 1555 Palm Beach Lakes Blvd		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE Suite 1510	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME West Palm Beach FL		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP 33401		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Gerald S. Lesh* Gerald S. Lesh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)