

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90108 001 ***150.00
 08-01-2000 90108 002 ***400.00

DOCUMENT # P97000088105

1. Entity Name
L. & R. REALTY GROUP, INC.

Principal Place of Business 20372 E. PENNSYLVANIA AVE DUNNELLON FL 34432	Mailing Address 20372 E. PENNSYLVANIA AVE DUNNELLON FL 34432-6099
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2. Principal Place of Business Suite, Apt. #, etc. Suite J	3. Mailing Address Suite, Apt. #, etc. Suite J
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 59-3472648	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ROBITAILLE-ALESIA, LORRAINE 2160 NW 105TH AVE OCALA FL 34482		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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: *Lorraine Robitaille* (Signature, typed or printed name of registered agent and title if applicable.) DATE: **6/16/00**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	D ROBITAILLE, LORRAINE 2160 N.W. 150 AVE. OCALA FL 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Robitaille, Lorraine 2160 N.W. 150 Ave. Ocala, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Lorraine Robitaille* (Signature and typed or printed name of signing officer or director)
 Lorraine Robitaille, P/D
 Date: **6/16/00**
 Daytime Phone #: **352-671-1444**