

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000088863

1. Entity Name
LARISE HUNTINGDON GP, INC.

Principal Place of Business
2200 WEST COMMERCIAL BLVD, SUITE 201-A
FT LAUDERDALE FL 33309

Mailing Address
2200 WEST COMMERCIAL BLVD, SUITE 201-A
FT LAUDERDALE FL 33309

2. Principal Place of Business
3107 STIRLING ROAD
Suite, Apt. #, etc.
SUITE 104

3. Mailing Address
3107 STIRLING ROAD
Suite, Apt. #, etc.
SUITE 104

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE FL

Zip Country
33312

4. FEI Number
65-0788801

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRIED MARK
2200 WEST COMMERCIAL BLVD, SUITE 201-A
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
FRIED MARK

Street Address (P.O. Box Number is Not Acceptable)
3107 STIRLING ROAD
SUITE 104

City
FT LAUDERDALE FL

Zip Code
33312

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 MARK FRIED

04/16/2001

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FRIED MARK
2200 WEST COMMERCIAL BLVD, SUITE 201-A
FT LAUDERDALE FL 33309

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 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: MARK FRIED

PRES 04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)