

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090453

1. Entity Name
LC ENDEAVORS, INC.

(R)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90010 025 ***150.00

Principal Place of Business

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

Mailing Address

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0790765**

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

7. Name and Address of New Registered Agent

MINTMIRE, DONALD F
265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **DONALD F MINTMIRE**
STREET ADDRESS **265 SUNRISE AVE #204**
CITY-ST-ZIP **PALM BCH FL 33480**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Donald F. Mintmire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/00 (SLO) 832-5696

CR2E034 (5/00)

MINTMIRE & ASSOCIATES
ATTORNEYS AT LAW

Attachment Doc #
P91000090453
D0709

265 SUNRISE AVENUE
SUITE 204
PALM BEACH, FLORIDA 33480
TEL: (561) 832-5696
FAX: (561) 659-5371

July 31, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

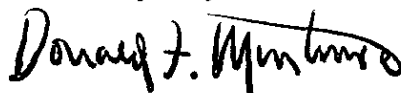
RE: LC Endeavors, Inc.

To Whom It May Concern:

We act as Counsel for the above referenced corporation. Enclosed please find the 2000 Uniform Business Report (UBR). Due to non-receipt of the first UBR, we are enclosing a check in the amount of \$150.00 for the annual fee and we would ask that you waive the additional penalty fee.

Should you have questions, or if we can be of further assistance, please do not hesitate to contact our office.

Very truly,



Donald F. Mintmire

Encls.