

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099054

1. Entity Name

LAURICH, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90132 032 ***150.00

Principal Place of Business

Mailing Address

~~201 E PINE ST STE 701~~

~~201 E PINE ST STE 701~~

~~473~~
ORLANDO FL 32801

~~473~~
ORLANDO FL 32801-2720

2. Principal Place of Business

3. Mailing Address

512 E. Washington St

512 E. Washington St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32801

Country
Orange

Zip
32801

Country
Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3483862

Applied For

Not Applicable

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

INTRASTATE REGISTERED AGENT CORP
701 BRICKLL AVE STE 3000
MIAMI FL 33131

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 \$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
DPST
HEISTAND, JAMES R
201 E PINE ST STE 701
ORLANDO FL 32801

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 407/650-0593
Date Daytime Phone #

CR2E034 (9/99)