

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103472

1. Entity Name

ATLANTIC DRIVING SCHOOL OF FLORIDA, INC.

FILED

Mar 29, 2000 8:00 am  
Secretary of State

03-29-2000 90021 046 \*\*\*150.00

Principal Place of Business

100 SOUTH SCENIC HIGHWAY  
LAKE WALES FL 33853

Mailing Address

P.O. BOX 4062  
LAKE WALES FL 33859-4062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3482295

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

LASHIN, MARCO O  
100 SOUTH SCENIC HIGHWAY  
LAKE WALES FL 33853

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  
ST ARCEO, RUDY C  
STREET ADDRESS  
C/O 100 S SCENIC HIGHWAY  
CITY-ST-ZIP  
LAKE WALES FL 33853 ☐ Delete

TITLE  
NAME  
PRESIDENT  
LASHIN, MARCO O  
STREET ADDRESS  
C/O 100 S SCENIC HWY STE 101  
CITY-ST-ZIP  
LAKE WALES FL 33853 ☐ Change ☒ Addition

TITLE  
NAME  
ST ALLEN, CHRYSTELLE C  
STREET ADDRESS  
C/O 100 S SCENIC HIGHWAY  
CITY-ST-ZIP  
LAKE WALES FL 33853 ☒ Delete  
2nd request

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #