

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031281

1. Entity Name

LEWIS MANAGEMENT GROUP, INC.

Principal Place of Business

1170 HWY A1A
SATELLITE BEACH FL 32937

Mailing Address

1170 HWY A1A
SATELLITE BEACH FL 32937-2479

2. Principal Place of Business

478 BALLARD DRIVE

3. Mailing Address

478 BALLARD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MELBOURNE FL

City & State
MELBOURNE FL

4. FEI Number 59-3504383

Applied For

Not Applicable

Zip 32935

Country USA

Zip 32935

Country USA

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

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., STE. 505
MELBOURNE FL 32901

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 D
NAME LEWIS, DAVID A
STREET ADDRESS 585 SPRING LAKE DRIVE
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE
NAME LEWIS, DAVID A.
STREET ADDRESS 791 GLENGARRY DRIVE
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: X *David Lewis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00
Date

407-242-3180
Daytime Phone #

CR2E034 (9/99)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90039 009 ***150.00



DO NOT WRITE IN THIS SPACE