

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90067 029 ***158.75

DOCUMENT # P98000055850

1. Entity Name

LEAR FRAZIER AND ASSOCIATES, INC.

Principal Place of Business

7344 NW 5TH STREET
 FORT LAUDERDALE FL 33317

Mailing Address

C/O DAVID C. SELF, II
 400 AUSTRALIAN AVE. SUITE 700
 WEST PALM BEACH FL 33401-5044

2. Principal Place of Business

7346 NW 5TH STREET

3. Mailing Address

7346 NW 5TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

FORT LAUDERDALE FL

4. FEI Number

65-0845826

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELF, DAVID C II
 324 DATURA STREET, SUITE 210
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Joseph Glasheen

Street Address (P.O. Box Number is Not Acceptable)
7346 NW 5TH STREET

City Fort Lauderdale FL Zip Code 33317

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

03/21/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRAZIER, RONALD E	
STREET ADDRESS	2125 BISCAYNE BLVD, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SELF, DAVID C	
STREET ADDRESS	324 DATURA STREET, SUITE 210	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLASHEEN, JOE	
STREET ADDRESS	7344 NW 5TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MYERS, GORDON	
STREET ADDRESS	7344 NW 5TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7346 NW 5TH STREET	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7346 NW 5TH STREET	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

David C. Self, II
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/00

Date

Daytime Phone #

CR2E034 (9/99)