

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073173

1. Entity Name

THE LORA STREET COMPANY

Principal Place of Business

830 S. 3RD ST.
SUITE 104
JACKSONVILLE FL 32250

Mailing Address

830 S. 3RD ST.
SUITE 104
JACKSONVILLE FL 32250

2. Principal Place of Business

202 20th Ave N
Suite, Apt. #, etc.

3. Mailing Address

202 20th Ave N
Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3534768

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUSEY, CLAY B JR
ONE INDEPENDENT DR
STE 2600
JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Dorothy McIvor

DP

Dorothy McIvor

1/17/01

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, 2001 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 DP ☐ Delete
NAME MCIVOR, JOHN W
STREET ADDRESS 830 S. 3RD ST- STE 104
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE DVST ☐ Delete
NAME MCIVOR, DOROTHY F
STREET ADDRESS 830 S. 3RD ST- STE 104
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

Dorothy McIvor

Dorothy McIvor

1/17/01

904 247-8326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)