2000 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P98000078526** 1. Entity Name LORRINGTON DEVELOPMENT GROUP, INC. 05-17-2000 91170 001 ***300.00 Principal Place of Business Mailing Address **LEWIS SPEEDWAY** 3950 LEWIS SPEEDWAY - AUGUSTINE FL 32095 ST. AUGUSTINE FL 32084-6717 2. Principal Place of Business 3. Mailing Address **2676** South 2676 500THSuite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. HUGUSTINE ST AUGUSTINE Applied For City & State City & State 4. FEI Number 59-3540051 Not Applicable ZipZip \$8.75 Additional 5. Certificate of Status Desired 32086 Zomis 32036 ST JOHNS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAUBARD LAURENCE, ROBERT JL Street Address (P.O. Box Number is Not Acceptable) 3950 LEWIS SPEEDWAY ST_AUGUSTINE FL 32095 South 2676 8. The above named entity submits this statement for the purpos FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE Delete LAURENCE, ROBERT JL NAME **509 TURNBERRY LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32084 Change ☐ Addition TITLE LAURENCE, ROSLYN R NAME NAME STREET ADDRESS **509 TURNBERRY LANE** STREET ADDRESS CITY-ST-7IP ST. AUGUSTINE FL 32084 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE MCCLAIN, ROGER W NAME NAME 221 SWALLOW RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32086 CITY-ST-ZIP **Addition** ☐ Change ☐ Delete TITLE TITI F GRAUBARD NAME SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

changed, or on an a