

# 2000 UNIFORM BUSINESS REPORT (2BR)

DOCUMENT # P 98000083921

1. Entity Name  
**THE LIGHTHOUSE, Inc.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 MAR 30 PM 1:21

Principal Place of Business Mailing Address  
**409 W. South Park St. SAME**  
**KEECHOBEE, FL. 34972**

2. Principal Place of Business 3. Mailing Address  
**409 W. South Park St. SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State 4. FEI Number  
**KEECHOBEE, FL 65-0869070**  
Zip Country City & State  
**34972 OKEECHOBEE**  
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  
**WALTER THOMAS SMITH**  
**1007 SW 4th Street**  
**KEECHOBEE, FL. 34974**  
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. ☐ **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	<b>Treasurer &amp; Secretary</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Etha KAYE Smith</b>		NAME		
STREET ADDRESS	<b>1007 SW 4th St.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEECHOBEE, FL. 34974</b>		CITY-ST-ZIP		
TITLE	<b>President &amp; Chairman</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DONALD L. Smith</b>		NAME		
STREET ADDRESS	<b>1007 SW 4th St.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEECHOBEE, FL. 34974</b>		CITY-ST-ZIP		
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WALTER THOMAS Smith</b>		NAME		
STREET ADDRESS	<b>1007 SW 4th St.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEECHOBEE, FL. 34974</b>		CITY-ST-ZIP		
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SAMUEL GLENN Smith</b>		NAME		
STREET ADDRESS	<b>1007 SW 4th St.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEECHOBEE, FL. 34974</b>		CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARY JANE Alt.</b>		NAME		
STREET ADDRESS	<b>1007 SW 4th St.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEECHOBEE, FL. 34974</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Etha Kaye Smith** 3-21-00 863-467-4184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

# 2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

DOCUMENT # MOONDOG INC.

1. Entire Name

PA980000064462

1213 N. PALM AVE SARASOTA FL. 34236

Principal Place of Business

Mailing Address

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

65-0857573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

Christian Hershman  
1213 N. PALM AVE SARASOTA FL.  
34236

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. ☐

**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 MARK CARAGULO ☒ Delete  
NAME PRESIDENT  
STREET ADDRESS 201 42nd St Sarasota FL.  
CITY-ST-ZIP 34236

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME CHRISTIAN HERSHMAN  
STREET ADDRESS 1213 N. PALM AVE.  
CITY-ST-ZIP SARASOTA FL. 34236

TITLE J.P. ☐ Delete  
NAME CHRISTIAN HERSHMAN  
STREET ADDRESS 1213 N. PALM SARASOTA FL  
CITY-ST-ZIP 34236

TITLE 9000003198544 ☒ Change ☐ Addition  
NAME -04/08/00--01096--017  
STREET ADDRESS \*\*\*\*300.00 \*\*\*\*300.00  
CITY-ST-ZIP

TITLE TRANS/SEC ☒ Delete  
NAME PAUL CARAGULO  
STREET ADDRESS 1213 N. PALM  
CITY-ST-ZIP

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

TITLE PAUL ☐ Delete  
NAME PAUL  
STREET ADDRESS PAUL  
CITY-ST-ZIP

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

TITLE PAUL ☐ Delete  
NAME PAUL  
STREET ADDRESS PAUL  
CITY-ST-ZIP

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

TITLE PAUL ☐ Delete  
NAME PAUL  
STREET ADDRESS PAUL  
CITY-ST-ZIP

TITLE PAUL ☐ Change ☐ Addition  
NAME PAUL  
STREET ADDRESS PAUL  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment Pg. 2 OF 2

RE: LETTER # 700A00010651  
DIVISION OF CORPORATIONS

P.O. BOX 6327  
TALLAHASSEE FL. 32314

TO WHOM IT MAY CONCERN;  
PERSON ACD

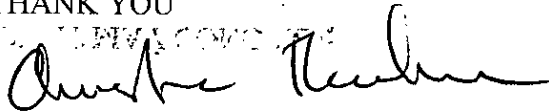
I AM NOTIFYING YOUR OFFICE THAT MY CORPORATION  
DID NOT FILE A (UBR) FOR 1999. THE REASON FOR THIS IS THAT  
THE REPORT WAS NEVER SENT TO ME AT MY BUSINESS ADDRESS,  
(1213 NORTH PALM AVE., SARASOTA FL. 34236), BUT TO AN-  
OTHER ADDRESS NOT ASSOCIATED WITH MY BUSINESS.  
I THEREFORE DID NOT KNOW MY CORPORATION WAS DISOLVED  
~~FOR FAILURE TO FILE SINCE THERE WAS NEVER ANY~~  
CORRESPONDENCE.

I AM SENDING A CHECK FOR \$300.00 TO COVER THE '99  
AND 2000 UBR AS I WAS INSTRUCTED ON THE PHONE BY THE  
DIVISION OF CORPORATIONS.

PLEASE LET ME KNOW IF HAVE NOT SATISFIED ANY  
OTHER REQUIREMENTS.

THANK YOU

LO JANE, ALBANY, COVA, 1999



CHRISTIAN HERSHMAN

PRESIDENT: MOONDOG INC. DBA NOAH RESTAURANT

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Page 1 of 2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 30 PM 1:23

DOCUMENT #

P98000106895

1. Corporation Name

G.S. BRICK CORPORATION

Principal Place of Business

Mailing Address

799 RICH DRIVE # 104

DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

65-0776516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

26

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name GEOVANE SALES ARAUJO

82 Street Address (P.O. Box Number is Not Acceptable)  
799 RICH DRIVE # 104

83

84 City DEERFIELD BEACH

FL

85 Zip Code 33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Giovane S. Araujo*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/25/2000

12. OFFICERS AND DIRECTORS

TITLE P/V/T/S  
NAME GEOVANE SALES ARAUJO  
STREET ADDRESS 799 RICH DRIVE # 104  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

☐ DELETE

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

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

03/25/2000

(954) 290-5010

SIGNATURE: *Giovane S. Araujo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O BOX 6327  
TALLAHASSEE-FL -32314  
RE : ANNUAL REPORT 1999- G.S.BRICK CORPORATION

I would like to inform you that we never received the form to pay the Annual Report for the period of 1999. As our company is active, we are sending you a check of US\$ 300.00 (three hundred dollars ), for the payment, including the year 2,000. Please forgive us the penalty.

We also inform that our mail address is below informed.

If there is any other necessary information concerning this matter, please feel free to contact me.

Thank you.

Sincerely,

G.S. BRICK CORPORATION  
GEOVANE SALES ARAUJO  
799 RICH DRIVE # 104  
DEERFIELD BEACH FL 33441

*Geovane S. Araujo*