

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90020 020 ***150.00

DOCUMENT # P98000095536

1. Entity Name

LENMAR MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**14250 COLONIAL GRAND BLVD., #2916
 ORLANDO FL 32837**

**14250 COLONIAL GRAND BLVD., #2916
 ORLANDO FL 32837-4864**

2. Principal Place of Business

772 FOREST LANE

3. Mailing Address

423 KNIGHT LAND CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3546251

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

32824

Country

USA

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

**IVANS, ANNE J
 5260 W. HWY. 192
 KISSIMMEE FL 34746**

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 **PD** Delete
 NAME **IVANS, ANNE J**
 STREET ADDRESS **14250 COLONIAL GRAND BLVD., #2916**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **PRESIDENT** Change Addition
 NAME **IVANS ANNE J**
 STREET ADDRESS **423 KNIGHT LAND COURT**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **VD** Delete
 NAME **IVANS, ROBERT J**
 STREET ADDRESS **14250 COLONIAL GRAND BLVD., #2916**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VICE PRESIDENT** Change Addition
 NAME **IVANS ROBERT J**
 STREET ADDRESS **772 FOREST LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
 Date

407 460 2879
 Daytime Phone #

CF 1014 (1/99)