

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100686

1. Entity Name

1103 LUCRENE TERRACE CORPORATION

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90091 006 \*\*\*150.00

Principal Place of Business

Mailing Address

1103 LUCRENE TERRACE  
ORLANDO FL 32806

1103 LUCRENE TERRACE  
ORLANDO FL 32806-1016

2. Principal Place of Business

609 VIRGINIA DRIVE

3. Mailing Address

609 VIRGINIA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3543471

Applied For

Not Applicable

Zip

32803

Country

Zip

32803

Country

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

WEATHERFORD, WILLIAM P JR.  
1031 WEST MORSE BLVD.,STE.105  
WINTER PARK FL 32789

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 **P** ☐ Delete  
NAME **PENDERGRAFT, IV, MD, JAMES S**  
STREET ADDRESS **1103 LUCERNE TERR**  
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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: **JAMES S. PENDERGRAFT IV, MD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 (407) 228-2808

CR2E034 (9/99)