

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90048 012 ***150.00

DOCUMENT # P98000100686

1. Entity Name

1103 Lucerne Terrace Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

609 Virginia Drive

Suite, Apt. #, etc.

3. Mailing Address

609 Virginia Drive

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

7. Name and Address of Current Registered Agent

Name
James S. Pendergraft IV, MD

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

609 Virginia Drive

City Orlando FL Zip Code 32803

**DO NOT WRITE
IN THIS SPACE**

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)

12 Apr 02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	P James S. Pendergraft IV, MD 609 Virginia Drive Orlando, FL 32803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 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 #

CR2E034B (12/01)