

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102519

1. Entity Name
L. CORK & ASSOCIATES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90003 035 ***150.00

Principal Place of Business

Mailing Address

608 S MAIN AVE. SUITE 6
CLERMONT FL 34711

608 S MAIN AVE. SUITE 6
CLERMONT FL 34711-6204

2. Principal Place of Business

16312 HAWKS NEST CT

Suite, Apt. #, etc.

3. Mailing Address

16312 HAWKS NEST CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CLERMONT, FL

Zip

Country

34711

USA

City & State
CLERMONT, FL

Zip

Country

34711

USA

4. FEI Number 59-3544466

Applied For
Not Applicable

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

CORK, LISA W
608 S MAIN AVE, SUITE 6
CLERMONT FL 34711

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
NAME CORK, LISA W
STREET ADDRESS 608 S MAIN AVE, SUITE 6
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

LISA W CORK
3/29/00

Date

Daytime Phone #