

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104369

1. Entity Name
LARMAR MANAGEMENT, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State
 02-21-2000 90026 047 ***150.00

Principal Place of Business Mailing Address

1501 CRESENT CIR.
 C/O CRESENT MANOR OFFICE
 LAKE PARK FL 33403

1501 CRESENT CIR.
 C/O CRESENT MANOR OFFICE
 LAKE PARK FL 33403-2239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

%Larmar Management Inc **%Larmar Management Inc**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1501 Crescent Circle **1501 Crescent Circle**

City & State City & State

Lake Park, FL **Lake Park, FL**

Zip Zip Country Country

33403 **33403** **Palm Beach** **Palm Beach**

4. FEI Number **65-0880905** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GERSON, THEODORE F
367 GLENBROOK DRIVE
ATLANTIS FL 33131

7. Name and Address of New Registered Agent

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	
TITLE	<input type="checkbox"/> Delete
NAME	PTS
STREET ADDRESS	GERSON, THEODORE F
CITY-ST-ZIP	367 GLENBROOK DRIVE
	ATLANTIS FL 33462
TITLE	<input type="checkbox"/> Delete
NAME	V
STREET ADDRESS	GERSON, LARRY A
CITY-ST-ZIP	122 SEASHORE DRIVE
	JUPITER FL 33477
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Theodore F Gerson* 2-14-00 (561) 845-1877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)