

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90068 005 \*\*\*150.00

60043790



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000000064**

1. Entity Name

**THE LOTI GROUP, INC.**

Principal Place of Business

**213 S. SUNLAND DRIVE  
 SANFORD FL 32773**

Mailing Address

**213 S. SUNLAND DRIVE  
 SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3553127**

Applied For

Not Applicable

Zip

Country

Zip

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

**DEBANDI, YVONNE M  
 213 S. SUNLAND DRIVE  
 SANFORD FL 32773**

Name **YVONNE DEBANDI RABB**

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

*Yvonne DeBandi Rabb*, **YVONNE DEBANDI RABB** 4-25-01

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, 2001 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 ☐ Delete  
 NAME **PVTS**  
 STREET ADDRESS **DEBANDI, YVONNE M**  
 CITY-ST-ZIP **213 S SUNLAND DR  
 SANFORD FL 32773**

TITLE ☒ Change ☐ Addition  
 NAME **PTSO**  
 STREET ADDRESS **YVONNE DEBANDI RABB**  
 CITY-ST-ZIP **213 S SUNLAND DR  
 SANFORD FL 32773**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **SCOTT ANTHONY RABB**  
 CITY-ST-ZIP **213 S SUNLAND DR  
 SANFORD FL 32773**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Yvonne DeBandi Rabb*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

407-321-4882

Daytime Phone #

CR2E034 (10/00)