

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000015289**1. Entity Name  
LOST MOUNTAIN, INC.

## Principal Place of Business

1401 MANATEE AVENUE WEST

BRADENTON  
34205

FL

## Mailing Address

1401 MANATEE AVENUE WEST

BRADENTON  
34205

FL

2. Principal Place of Business  
9129 16TH AVENUE CIRCLE NW3. Mailing Address  
9129 16TH AVENUE CIRCLE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BRADENTON

FL

City & State  
BRADENTON

FL

Zip  
34209

Country

Zip  
34209

Country

4. FEI Number  
**65-0919311**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

MOSELEY THOMAS A  
1724 MANATEE AVENUE WESTBRADENTON  
34205

FL

US

## 7. Name and Address of New Registered Agent

Name

LEHMAN TIMOTHY P

Street Address (P.O. Box Number is Not Acceptable)  
9129 16TH AVENUE CIRCLE NWCity  
BRADENTON

FL

Zip Code  
34209

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 **TIMOTHY P. LEHMAN****03/01/2001**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGREGOR JOHN B 509 137TH STREET EAST BRADENTON FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OGLES MARK R 504 137TH STREET EAST BRADENTON FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEHMAN TIMOTHY P 9129 16TH AVENUE CIRCLE NW BRADENTON FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **TIMOTHY P. LEHMAN**

P

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**MICHAEL S. BENNETT, DIRECTOR**  
**1812 69TH AVENUE WEST**

**BRADENTON, FL 34205**

**WEN Y. CHUNG, DIRECTOR**  
**1247 SEA PLUME WAY**

**SARASOTA, FL 34232**