

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90104 010 \*\*\*150.00

**DOCUMENT # P99000022966**

1. Entity Name

**LENNER ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

~~SUITE 270, PENINSULA EXECUTIVE CENTER~~  
~~2385 EXECUTIVE CENTER DRIVE~~  
~~BOCA RATON FL 33431~~

~~SUITE 270, PENINSULA EXECUTIVE CENTER~~  
~~2385 EXECUTIVE CENTER DRIVE~~  
~~BOCA RATON FL 33431-7321~~

2. Principal Place of Business

3. Mailing Address

**600 North Pine Island Rd**  
**Suite, Apt. #, etc. 450**

**600 North Pine Island Road**  
**Suite, Apt. #, etc. 450**

City & State

City & State

**Plantation, FL**

**Plantation, FL**

4. FEI Number

Applied For

**59 3569530**

Not Applicable

Zip

Country

Zip

Country

**33324**

**USA**

**33324**

**USA**

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

**KANOUSE, KEITH J ESQ.**  
**KANOUSE & WALKER, P.A.**  
~~2385 EXECUTIVE CENTER DR~~ **2385 EXECUTIVE DRIVE**  
**BOCA RATON FL 33431**

Name

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

**936 INTRACOSTAL DRIVE #16B**

City

**FT. LAUDERDALE**

FL

**33304**

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 ☐ Delete

NAME **D**

STREET ADDRESS **LENNER, EDWARD**

CITY-ST-ZIP ~~877 E. 33RD STREET~~ **936 INTRACOSTAL DRIVE**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP ~~NEW YORK NY 10016~~ **FT. LAUDERDALE, FL 33304**

TITLE ☐ Delete

NAME

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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:

**EDWARD LENNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/00**

Date

**954 315 0200**

Daytime Phone #

CR2E034 (9/99)