

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024962

1. Entity Name

LAURENCE BISHOFF & CO., INC.

Principal Place of Business

100 S INTERLACHEN AVE. APT 101  
WINTER PARK FL 32789

Mailing Address

100 S INTERLACHEN AVE. APT 101  
WINTER PARK FL 32789

2. Principal Place of Business

507 NORTH NEW YORK AVE.

Suite, Apt. #, etc.

SUITE 302

City & State

WINTER PARK

Zip

32789

Country US

ORANGE

3. Mailing Address

507 NORTH NEW YORK AVE.

Suite, Apt. #, etc.

SUITE 302

City & State

WINTER PARK

Zip

32789

Country US

FILED

00 SEP 27 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000

4. FEI Number

59-3567219

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, ALAN H  
800 N MAGNOLIA AVE, SUITE 1500  
ORLANDO FL 32803

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)

9/25/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 D  
NAME BISHOFF, LAURENCE H  
STREET ADDRESS 100 S INTERLACHEN AVE, APT 101  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/00

Date

407 629-6929

Daytime Phone #

CR2E034 (5/00)