

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028406

1. Entity Name

LBJ PROPERTIES #1, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90054 041 \*\*\*150.00

Principal Place of Business

Mailing Address

325 MURRAY RD.  
 WEST PALM BEACH FL 33405

325 MURRAY RD.  
 WEST PALM BEACH FL 33405-2919

2. Principal Place of Business

325 Murray Rd.  
 Suite, Apt. #, etc.

3. Mailing Address

325 Murray Rd.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 WPB, FL

City & State  
 WPB, FL

4. FEI Number

65-0906497

Applied For  
 Not Applicable

Zip  
 33405-2919

Country  
 USA

Zip  
 33405

Country  
 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

NEWGENT, WILLIAM J JR.  
 325 MURRAY RD.  
 WEST PALM BEACH FL 33405

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWGENT, WILLIAM J JR. 325 MURRAY RD. WEST PALM BEACH FL 33405	<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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J Newgent JR.

Date

Daytime Phone #

4/24/00 (561) 804-9338

CR2E034 (9/99)