

2000 UNIFORM BUSINESS REPORT (UBR)

5/31/00-90014-002-\$150.00-\$150.00

DOCUMENT # P99000030690

1. Entity Name

LAGNIAPPE CHARTER, INC.

Principal Place of Business

Mailing Address

126 DRAGON CIRCLE
PANAMA CITY BEACH FL 32411

P.O. BOX 27696
PANAMA CITY FL 32411-7696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

STOPKA, ALBERT J III
108 MOSLEY DRIVE
LYNN HAVEN FL 32444

Name

Susan S. Eberhardt

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

126 Dragon Circle

City

Panama City Beach FL

Zip Code

32411

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

TITLE ☐ Delete

NAME Dennis Eberhardt

STREET ADDRESS 126 Dragon Cr.

CITY-ST-ZIP Panama City Beach FL 32411

TITLE ☐ Delete

NAME Susan S. Eberhardt

STREET ADDRESS 126 Dragon Cr.

CITY-ST-ZIP Panama City Beach FL 32411

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Susan S. Eberhardt Sec. Treas.

4-30-00

(850) 334-1782

Date

Daytime Phone #

CR2E034 (9/99)

KE