

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90070 047 ***150.00

DOCUMENT # P99000030690

1. Entity Name

LAGNIAPPE CHARTER, INC.

Principal Place of Business

**126 DRAGON CIRCLE
 PANAMA CITY BEACH FL 32411**

Mailing Address

**P.O. BOX 27695
 PANAMA CITY FL 32411**

2. Principal Place of Business

126 Dragon Circle

3. Mailing Address

PO Box 27695

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach FL

City & State

Panama City Beach FL

4. FEI Number

59-3567527

Applied For

Not Applicable

Zip

Country

32408

USA

Zip

Country

32411

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

**EBERHARDT, SUSAN S
 126 DRAGON CIRCLE
 PANAMA CITY BEACH FL 32411**

Name

Susan S. Eberhardt

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

(PO Box 27695)

126 Dragon Cr.

City

Panama City Beach FL

Zip Code

32408

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]

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	EBERHARDT, DENNIS	
STREET ADDRESS	126 DRAGON CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EBERHARDT, SUSAN S	
STREET ADDRESS	126 DRAGON CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 reports 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

Date

Daytime Phone #

1-31-01

CR2E034 (10/00)