

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037342

1. Entity Name

SEPTEMBER CORPORATION OF NORTH FLORIDA

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90005 026 ***150.00

Principal Place of Business

Mailing Address

4297 U.S. HIGHWAY 90 WEST, SUITE 16
LAKE CITY FL 32055

4297 U.S. HIGHWAY 90 WEST, SUITE 16
LAKE CITY FL 32055-8235

2. Principal Place of Business

500 Belz Outlet Blvd.

3. Mailing Address

500 Belz Outlet Blvd.

Suite, Apt. #, etc.

Ste 185

Suite, Apt. #, etc.

Ste 185

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32095

Country

USA

Zip

32095

Country

USA

4. FEI Number

59-3577077

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, BRAD

4297 U.S. HIGHWAY 90 WEST, SUITE 16
LAKE CITY FL 32056

7. Name and Address of New Registered Agent

Name

Brad Lefkowitz

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

4297 U.S. Hwy 90 W.

City

Ste 4
Lake City

FL

Zip Code

32055

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	PD	<input type="checkbox"/> Delete
NAME	LEFKOWITZ, BRAD	
STREET ADDRESS	P.O. BOX 1594	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEFKOWITZ, JANICE	
STREET ADDRESS	P.O. BOX 1594	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

(404) 961-2015

Daytime Phone #

CR2E034 (9/99)