

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049766

1. Entity Name

LP RECORDS, INC.

FILED

May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90017 025 \*\*\*150.00

Principal Place of Business

Mailing Address

513 NORTH COUNTRY CLUB DRIVE  
ATLANTIS FL 33462

513 NORTH COUNTRY CLUB DRIVE  
ATLANTIS FL 33462-1005

2. Principal Place of Business

3. Mailing Address

1795 E HWY 50

1795 E HWY 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE A

STE A

City & State

City & State

CLERMONT, FL

CLERMONT FL

Zip

Country

Zip

Country

34711

34711

6. Name and Address of Current Registered Agent

LUCKMAN, WILLIAM H  
513 NORTH COUNTRY CLUB DRIVE  
ATLANTIS FL 33462

7. Name and Address of New Registered Agent

Name: DAVID GARRICK JR  
Street Address (P.O. Box Number is Not Acceptable): 1795 E HWY 50, STE A  
City: CLERMONT FL Zip Code: 34711

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	D	<input checked="" type="checkbox"/> Delete
NAME	LUCKMAN, WILLIAM H	
STREET ADDRESS	513 NORTH COUNTRY CLUB DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERLSTEIN, SHARONE	
STREET ADDRESS	513 NORTH COUNTRY CLUB DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLSTEIN, SHARONE	
STREET ADDRESS	1795 E HWY 50 STE A	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GARRICK JR	
STREET ADDRESS	1795 E HWY 50, STE A	
CITY-ST-ZIP	CLERMONT FL 34711	
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

Date

Daytime Phone #

5/1/2000 352 243-0440

CR2E034 (9/99)