

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90045 048 ***150.00

DOCUMENT # P99000055033

1. Entity Name

L & V VENTURES, INC.

Principal Place of Business

Mailing Address

2400 E. COMMERCIAL BLVD.
SUITE 215
FORT LAUDERDALE FL2400 E. COMMERCIAL BLVD.
SUITE 215
FORT LAUDERDALE FL 33308-4022

2. Principal Place of Business

3. Mailing Address

1221 Brickell Ave
Suite, Apt. #, etc.
Suite 9001221 Brickell Ave
Suite, Apt. #, etc.
Suite 900

City & State

City & State

Miami, FL

Miami, FL

Zip
33131Country
USAZip
33131Country
USA

4. FEI Number

65-0932460

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

GORE, LAURENCE D ES
2400 E. COMMERCIAL BLVD.
SUITE 215
FORT LAUDERDALE FLName
Florida Incorporators, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Ave
Suite 900
City
Miami
FL
Zip Code
33131

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

Mark A. Hankins

Mark Hankins, President

4/29/00

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 State10. 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
BROWN, LESLIE
8417 KILBIRNIE COURT
DUBLIN OH 43017 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROTHERT, CANDEECE A
8735 PAULDEN COURT
LEWIS CENTER OH 43035 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman of the Board
LIMING, LUNDEL S.
654 ESSEX LANE
WINFIELD, IL 60190 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
VOLLAN, ELIZABETH M.
654 ESSEX LANE
WINFIELD, IL 60190 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Elizabeth M. Vollan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

630-752-9858

Daytime Phone #