

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90313 049 \*\*\*150.00

**DOCUMENT # P99000078534**

1. Entity Name

**LYNCH ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

90 LYNNE ST.  
 LEHIGH ACRES FL 33972

90 LYNNE ST.  
 LEHIGH ACRES FL 33972-5324

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

65-0945489

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

SAVARY, JOHNSON S JR.  
 C/O DUNLAP & MORAN, P.A.  
 STE. 300, 22 SOUTH LINKS AVE.  
 SARASOTA FL 34236

Name

PATRICIA A. LYNCH

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

90 LYNNE ST.

City

LEHIGH ACRES

FL

Zip Code

33972

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

*Patricia A. Lynch (President)*

4-19-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	LYNCH, PATRICIA A	NAME	
STREET ADDRESS	90 LYNNE ST.	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL 33972	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LYNCH, HARRY J JR.	NAME	
STREET ADDRESS	90 LYNNE ST.	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL 33972	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

*Patricia A. Lynch*

4-19-00

941-369-744