

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000085522

1. Entity Name

LRB ASSOCITES, INC.

Principal Place of Business

116 Quayside Drive
Jupiter, FL 33477

Mailing Address

116 Quayside Drive
Jupiter, FL 33477

2. Principal Place of Business

1100 S.E. Ranch Road

Suite, Apt. #, etc.

3. Mailing Address

1100 S.E. Ranch Road

Suite, Apt. #, etc.

City & State

Jupiter, FL 33478

City & State

Jupiter, FL 33478

Zip

33478

Country

USA

Zip

33478

Country

USA

4. FEI Number

65-0955789

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

C0058696

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~Peter A. Rose, Esquire
Rose & Rose, P.A.
2101 N. Andrews Avenue - Ste. 200
Ft. Lauderdale, FL 33311~~

7. Name and Address of New Registered Agent

Name

LYNN HAYDEN

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

1100 S.E. Ranch Road

City

Jupiter


FL

Zip Code

33478

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



(NOTE: Registered Agent signature required when reinstating)

Lynn Hayden - Secretary 4/23/01

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 State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Bradley, Randy	
STREET ADDRESS	10356 Seagrape Way	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

TITLE	VP	<input type="checkbox"/> Delete
NAME	Tschosik, Bruce	
STREET ADDRESS	7344 162nd Court North	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

TITLE	S	<input type="checkbox"/> Delete
NAME	Hayden, Lynn	
STREET ADDRESS	1100 S.E. Ranch Road	
CITY-ST-ZIP	Jupiter, FL 33478	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:



Sec.

Lynn Hayden

Date

4/23/01

Daytime Phone #

561-7439943

CR2E034 (11/00)