

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092132

1. Entity Name

LOTT-MATHER ENTERPRISES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90169 019 ***150.00

Principal Place of Business

Mailing Address

2508 MASON OAKS DRIVE
VALRICO FL 33594

2508 MASON OAKS DRIVE
VALRICO FL 33594-8408

2. Principal Place of Business

1804 S. Collins St

3. Mailing Address

P.O. Box 548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

PLANT CITY FL

4. FEI Number

59-3605338

Applied For

Not Applicable

Zip

Country

Zip

Country

33566 Hillsborough

Hillsborough

33564 Hillsborough

Hillsborough

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

LOTT, RICK A
2508 MASON OAKS DRIVE
VALRICO FL 33594

Name

Lott, Rick A.

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

3200 Polo Place

City

Plant City

FL

Zip Code

33566

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS William Mather
CITY-ST-ZIP 3201 Polo Place
Plant City, FL 33566

TITLE ☐ Delete
NAME V.P. Sec.
STREET ADDRESS Rick A. Lott
CITY-ST-ZIP 3200 Polo Place
Plant City, FL 33566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Rick A. Lott

V.P. Sec. 2-28-00

813-752-4181

Date

Daytime Phone #

CR2E034 (9/99)