

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/2

**FILED**  
**Sep 20, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90014 001 \*\*\*750.00

**DOCUMENT # P99000092784**

1. Entity Name

**ANTHONY LAWRENCE GALLERIES, INC.**

Principal Place of Business

**2114 EDGEWATER DR.  
 ORLANDO FL 32804**

Mailing Address

**2114 EDGEWATER DR.  
 ORLANDO FL 32804**

2. Principal Place of Business

**480 N Orlando Ave**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**#132**

Suite, Apt. #, etc.

City & State

**Winter Park, FL**

City & State

4. FEI Number

**59-3606777**

Applied For

Not Applicable

Zip

**32789**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KNAPP, SHAWN A  
 2114 EDGEWATER DR.  
 ORLANDO FL 32804**

7. Name and Address of Now Registered Agent

Name

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

City

**FL**

Zip Code

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 \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KNAPP, SHAWN A</b>	
STREET ADDRESS	<b>1428 CHESSINGTON CIRCLE</b>	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, JAMES E</b>	
STREET ADDRESS	<b>10701 SO. EASTERN AVE., #2625</b>	
CITY-ST-ZIP	<b>HENDERSON NV 89012</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEELAN, KEVIN L</b>	
STREET ADDRESS	<b>324 BROADVIEW AVE.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEELAN, JOHN L</b>	
STREET ADDRESS	<b>346 WOOD AVE. AVE.</b>	
CITY-ST-ZIP	<b>NORTH BRUNSWICK NJ 08902</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**

**8-24-00**

**407-622-5700**

CFR2E034 (5/00)