

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90092 030 \*\*\*150.00

**DOCUMENT # P99000102258**

1. Entity Name

**THE LANCASTER CONSULTING GROUP, INC.**

Principal Place of Business

**2269 S. UNIVERSITY DRIVE NO. 260  
DAVIE FL 33324**

Mailing Address

**2269 S. UNIVERSITY DRIVE NO. 260  
DAVIE FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0963607**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CONIGLIO, JOHN A  
4801 SOUTH UNIVERSITY DRIVE  
SUITE 3000  
DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name

**H. NATHAN CHARLES**

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

**250 JACARANDA DR. #603**

City

**PLANTATION**

FL

Zip Code

**33324**

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

**H. Nathan Charles - Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/30/01**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 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>CHARLES, H. NATHAN</b>	
STREET ADDRESS	<b>250 JACARANDA DR. #603</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD-CHARLES, VIVIAN NINA M</b>	
STREET ADDRESS	<b>250 JACARANDA DR. #603</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHARLES, JOHN E</b>	
STREET ADDRESS	<b>SCHLOSSBERG 16, 9526 ZUCKENRIET, S.G.</b>	
CITY-ST-ZIP	<b>SWITZERLAND</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHARLES, WINSTON R</b>	
STREET ADDRESS	<b>120 LAMPLIGHTER ROAD</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES, WINSTON R</b>	
STREET ADDRESS	<b>6, MENDOZA RD, UPPER BELMONT VALLEY RD,</b>	
CITY-ST-ZIP	<b>PORT OF SPAIN, TRINIDAD, WEST INDIES</b>	
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:

**H. Nathan Charles****H. NATHAN CHARLES****1/30/01****(951) 327-7267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)