## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P99000102258 1. Entity Name THE LANCASTER CONSULTING GROUP, INC. 02-05-2001 90092 030 \*\*\*150.00 Principal Place of Business Mailing Address 2269 S. UNIVERSITY DRIVE NO. 260 2269 S. UNIVERSITY DRIVE NO. 260 DAVIE FL 33324 DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATHAN 'CONIGLIO', JOHN A' Street Address (P.O. Box Number is Not Acc 4801 SOUTH UNIVERSITY DRIVE <u> SACARANDA</u> **SUITE 3000** DAVIE FL 33328 ANTATION 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Addition TITLE Delete NAME NAME CHARLES, H. NATHAN STREET ADDRESS STREET ADDRESS 250 JACARANDA DR. #603 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TIT! F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME WOOD-CHARLES, VIVIAN NINA M STREET ADDRESS STREET ADDRESS 250 JACARANDA DR. #603 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete TITLE TITLE Change Addition NAME CHARLES, JOHN E NAME STREET ADDRESS STREET ADDRESS SCHLOSSBERG 16, 9526 ZUCKENRIET, S.G. CITY-ST-ZIP CITY-ST-ZIP SWITZERLAND ☐ Delete TITLE ☐ Addition TITLE CHARLES, WINSTON R NAME CHARLES, WINSTON R NAME 6 MENDOZA RO UPPER BELMONT VALLEY RO, STREET ADDRESS STREET ADDRESS 120 LAMPLIGHTER ROAD CITY-ST-ZIP CITY-ST-ZIP PORT OF SPAIN TRINIDAD WEST INDIES ALTAMONTE SPRINGS FL 32714 TITLE Addition TITLE ☐ Delete NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

☐ Delete

SIGNATURE: 11. 10 Man Walls HIVE

STREET ADDRESS

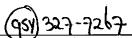
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1/36/0



☐ Change

☐ Addition

Daytime Phone #