

2000 UNIFORM BUSINESS REPORT (UBR)

5/7

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-07-2000 90027 004 ***150.00

DOCUMENT # P99000103073

1. Entity Name

LBJ PROPERTIES #4, INC.

Principal Place of Business

Mailing Address

325 MURRAY RD
 WEST PALM BEACH FL 33405

325 MURRAY RD
 WEST PALM BEACH FL 33405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

325 Murray Rd.
 Suite, Apt. #, etc.

325 Murray Rd.
 Suite, Apt. #, etc.

City & State
 WPB, FL

City & State
 WPB, FL

4. FEI Number

58-2528955

Applied For
 Not Applicable

Zip
 33405-2919

Country
 USA

Zip
 33405-2919

Country
 USA

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

CORPORATE ACCESS, INC.
 236 EAST 6TH AVENUE
 TALLAHASSEE FL 32303

Name **William J. Newgent JR.**

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

325 Murray Rd.

City **WPB, FL**

FL

Zip Code
 33405-2919

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

William J. Newgent JR. **William J. Newgent JR.** President 4/24/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWGENT, WILLIAM J JR 325 MURRAY RD WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William J. Newgent JR. **William J. Newgent JR.**

4/24/00

(561)804-9338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (9/99)