

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108834

1. Entity Name

LAZYCAMPUS, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90083 020 \*\*\*150.00

Principal Place of Business Mailing Address  
4308 NORTHPARK DR 4308 NORTHPARK DR  
TAMPA FL 33624 TAMPA FL 33624

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3614225 Applied For Not Applicable

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

SOLOMON, STANFORD R  
C/O SOLOMON & BENEDICT, P.A.  
400 N ASHLEY DR, SUITE 3000  
TAMPA FL 33602

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 \_\_\_\_\_ (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	<del>D/CEO</del>	<input type="checkbox"/> Delete
NAME	RUFFKES, BRAD A	
STREET ADDRESS	4308 NORTHPARK DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	<del>SECRETARY &amp; TREASURER</del>	<input type="checkbox"/> Delete
NAME	<del>4308 NORTHPARK DRIVE</del>	
STREET ADDRESS	<del>TAMPA, FL 33624</del>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAD A. RUFFKES	
STREET ADDRESS	8200 HAMPSON ST. / SUITE 203	
CITY-ST-ZIP	NEW ORLEANS, LA 70119	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERMA C. RUFFKES	
STREET ADDRESS	4308 NORTHPARK DRIVE	
CITY-ST-ZIP	TAMPA, FL 33624	
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		

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: \_\_\_\_\_ 3/2/00 (504) 862-7591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)