

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S63465**

1. Entity Name  
**J. LARSCH, INC.**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90045 041 \*\*\*150.00

**955900**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**631 US HIGHWAY ONE, STE. 304**  
**P.O. BOX 14820**  
**NORTH PALM BEACH FL 33408**  
**US**

Mailing Address  
**631 U.S. HIGHWAY ONE**  
**P.O. BOX 14820**  
**NORTH PALM BEACH FL 33408**

2. Principal Place of Business  
**4500 PGA BLVD**  
Suite, Apt. #, etc.  
**SUITE 201**  
City & State  
**PALM BEACH GARDENS FL**  
Zip  
**33418** Country  
**USA**

3. Mailing Address  
**4500 PGA BLVD**  
Suite, Apt. #, etc.  
**SUITE 201**  
City & State  
**PALM BEACH GARDENS FL**  
Zip  
**33418** Country  
**USA**

4. FEI Number **65-0277964** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**LARSCHAN, JAMES E**  
**631 US HWY 1**  
**SUITE 304**  
**NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent  
Name  
**LARSCHAN, JAMES E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4500 PGA BLVD**  
**SUITE 201**  
City  
**PALM BEACH GARDENS FL** Zip Code  
**33418**

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. ☐ **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 |                           |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                     |  |
|----------------------------|---------------------------|---------------------------------|---|-------------------------------------|--|
| TITLE                      | <b>D</b>                  | <input type="checkbox"/> Delete | TITLE   | <b>PRESIDENT</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LARSCHAN, JAMES E.</b> |                                 | NAME  | <b>LARSCHAN JAMES E.</b>            |  |
| STREET ADDRESS             | <b>631 U.S. HIGHWAY 1</b> |                                 | STREET ADDRESS  | <b>4500 PGA BLVD SUITE 201</b>      |  |
| CITY-ST-ZIP                | <b>NORTH PALM BCH FL</b>  |                                 | CITY-ST-ZIP   | <b>PALM BEACH GARDENS, FL 33418</b> |  |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |                                 | NAME  |                                     |  |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                     |  |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                                     |  |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |                                 | NAME  |                                     |  |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                     |  |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                                     |  |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |                                 | NAME  |                                     |  |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                     |  |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                                     |  |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                           |                                 | NAME  |                                     |  |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                     |  |
| CITY-ST-ZIP                |                           |                                 | 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: **James E. Larschan, Sr President** 561/691-4545 4/19/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)