

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S67407

1. Entity Name

LEFMARK FLORIDA, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90104 007 ***158.75

Principal Place of Business

Mailing Address

2601 S. BAYSHORE DRIVE
#300-A
MIAMI FL 33133-5417
US

ONE GREENWAY PLAZA
STE 850
HOUSTON TX 77046
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0281974**

Applied For
Not Applicable

Zip
33133-5413

Country

Zip
77046-0196

Country

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

FRIEDMAN, DAVID A
2601 S. BAYSHORE DRIVE
#300-A
MIAMI FL 33133-5417

33133-5413

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LEONARD E.	
STREET ADDRESS	ONE GREENWAY PLAZA, SE 850	
CITY-ST-ZIP	HOUSTON TX 77046-0197	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRIEDMAN, DAVID A	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 300-A	
CITY-ST-ZIP	MIAMI FL 33133-5417	
TITLE	SV	<input type="checkbox"/> Delete
NAME	RAY, SANDRA	
STREET ADDRESS	ONE GREENWAY PLAZA, STE 850	
CITY-ST-ZIP	HOUSTON TX 77046-0197	
TITLE	V	<input type="checkbox"/> Delete
NAME	SWINKE, DAVID L	
STREET ADDRESS	ONE GREENWAY PLAZA, STE 850	
CITY-ST-ZIP	HOUSTON TX 77046-0197	
TITLE	VT	<input type="checkbox"/> Delete
NAME	THIBAUT, HOWARD W	
STREET ADDRESS	ONE GREENWAY PALZA, SUITE 850	
CITY-ST-ZIP	HOUSTON TX 77046-0197	
TITLE	SHAPIRO	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Miami, Florida 33133-5413	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra E. Ray	
STREET ADDRESS		
CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Greenway PLAZA, Suite 850	
CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, ROBERT L.	
STREET ADDRESS	2601 South Bayshore Drive, Suite 300-A	
CITY-ST-ZIP	Miami, Florida 33133-5413	

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.

SANDRA E. RAY, SECRETARY AND VICE PRESIDENT

SIGNATURE:

Sandra E. Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 2000

713-850-1850

Date

Daytime Phone #

CR2E034 (9/99)

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061035

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Supporting Page

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEARDEN, ROBERT C. 2601 South Bayshore Drive, Suite 300-A Miami, Florida 33133-5413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FENGLER, JEFFREY A. 2601 South Bayshore Drive, Suite 300-A Miami, Florida 33133-5413 <input type="checkbox"/> Change <input checked="" 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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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #