2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
02-05-2000 90052 028 ***150.00

DOCUMENT # S83511

1. Entity Name

THE LANCASTER GROUP ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2009 KANSAS AVENUE N E ST. PETERSBURG FL 33703 US	2009 KANSAS AVENUE N E ST. PETERSBURG FL 33703-1909 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1325 SNELL ISLE BLVD NE	1325 SNELL ISLE BLVD NE
Suite, Apt. #, etc. SUITE 205 H	Suite, Apt. #, etc. ST 205 H
City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
Zip 33704-2455 Country	Zip 33704-2455 Country

4. FEI Number 59-3086183 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANCASTER, PHILIP T., JR.
~~2009 KANSAS AVENUE N E~~ 1900 SHORE ACRES BLVD. N.E.
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1900 SHORE ACRES BLVD N.E.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANCASTER, GAIL O. 2009 KANSAS AVE. NE ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANCASTER, GAIL O. 1900 SHORE ACRES BLVD NE ST PETERSBURG FL 33703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANCASTER, PHILIP T. JR. 2009 KANSAS AVE. NE ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANCASTER, PHILIP T. JR 1900 SHORE ACRES BLVD NE ST PETERSBURG FL 33703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1-6-00 727 521 227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #