

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILE

02 SEP 12 1

SECRETARY C  
TALLAHASSEE,

DOCUMENT # **V13592**

1. Entity Name  
**LAUREN SIERRA HOLDING CORPORATION**

Principal Place of Business  
**% DARYL B. CRAMER, P.A.  
515 N. FLAGLER DR., STE 910  
WEST PALM BEACH FL 33401-4325**

Mailing Address  
**% DARYL B. CRAMER, P.A.  
515 N. FLAGLER DR., STE 910  
WEST PALM BEACH FL 33401-4325**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**c/o Daryl Cramer & Assoc., P.A.**

3. Mailing Address  
**c/o Daryl Cramer & Assoc., P.A.**

Suite, Apt. #, etc.  
**515 N. Flagler Dr., Ste. 910**

Suite, Apt. #, etc.  
**515 N. Flagler Dr., Ste 910**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FEI Number **65-0313932**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CRAMER, DARYL B P.A.  
515 N. FLAGLER DR., STE 910  
WEST PALM BEACH FL 33401-4325**

## 7. Name and Address of New Registered Agent

Name  
**Daryl Cramer & Associates, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**515 N. Flagler Drive, Suite 910**  
City **West Palm Beach** **FL** Zip Code **33401**

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 **Daryl B. Cramer, President**

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, 2002 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

TITLE **PSTD** ☐ Delete  
NAME **BANKS, GARRISON**  
STREET ADDRESS **351 NORTH JOG RD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000007849180--0**  
**-09/19/02--01055--004**  
**\*\*\*\*\*558.75 \*\*\*\*\*558.75**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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: **SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)