

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90021 024 \*\*\*\*61.25

**DOCUMENT # 702516**

1. Entity Name

**LAFAYETTE ARMS INC**

Principal Place of Business

Mailing Address

2866 NE 30 ST  
 FT. LAUDERDALE FL 33306

2866 NE 30 ST  
 FT. LAUDERDALE FL 33306-1970

AU18U77



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0999437**

Applied For  
 Not Applied For

Zip

Country

Zip

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

**NORRIS, SANDRA**  
**2866 NE 30TH ST**  
**FT. LAUDERDALE FL 33306**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	NORRIS, SANDRA	
STREET ADDRESS	2866 NE 30ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIERING, R.H.	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHES, LOUISE	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	DOHENY, MARY JANE	
STREET ADDRESS	2866 NE 30TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	HOSSELLMAN, VERNE	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	PFEIFER, JOHN	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	Doane, Jim	
STREET ADDRESS	2866 N.E 30st.	
CITY-ST-ZIP	ft. lauderdale, FL 33306	
TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sandra Norris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128-2000 (954)568-3073  
 Date Daytime Phone #