2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **764501** Apr 06, 2000 8:00 am 1. Entity Name Secretary of State THE NANCY LANE ASSOCIATION, INC. 04-06-2000 90051 017 ****61.25 Principal Place of Business Mailing Address % EARLE W ROSSITER % EARLE W ROSSITER 35 NANCY LANE 35 NANCY LANE FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931-2949 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2184588 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARIJANE ox Number is Not Acceptable) ROSSITER, EARLE W. 35 NANCY LANE FT. MYERS BEACH FL 33931 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE NEWPORT, RALPH NAME NAME STREET ADDRESS 30 NANCY LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL 33931 EONARD EBRIGHT Change Addition Delete TITLE TITLE VD. WADDELL, WILLIAM NAME NAME 545 MAIN ST. STREET ADDRESS 14 NANCY LN. STREET ADDRESS MYERS BEACH, FL 33931 CITY-ST-ZIP CITY - ST - ZIP FT MYERS BEACH FL Change SD TITLE Delete TITLE NG, JANET T ROSSITER, EARLE W. NAME NAME NANCY GANE MUER - BEACH STREET ADDRESS STREET ADDRESS 71 NANCY LANE CITY-ST-ZIP CITY-ST-7IP FT MYERS BEACH FL Change ☐ Addition TD ☐ Delete TITLE TITLE NAME NAME JENSEN, MARIJANE STREET ADDRESS STREET ADDRESS 31 NANCY LANE CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL Change 🗶 Delete TITLE ROBINSON, HOWARD [66 NANCY LANE Fr. MYERS BEACH, FL. NAME LONG, JANET T NAME STREET ADDRESS STREET ADDRESS **58 NANCY LN** CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL TITLE ☐ Delete TITLE MOORE, R JAMES NAME NAME STREET ADDRESS STREET ADDRESS **48 NANCY LN** CITY-ST-ZIP FT MYERS BEACH FL 12. I hereby certify that the information supplied with this filling 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered