2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # 764501 THE NANCY LANE ASSOCIATION, INC. 04-04-2001 90019 015 ****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 2. Principal Place of Business Mailing Address % MARIJANE ENSEN MARIJANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 35 NANCY City & State Applied For 4. FEI Number 59-2184588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JENSEN, MARIJANE 35 NANCY LANE FT. MYERS BEACH FL 33931 City 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. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Addition TITLE NEWPORT, RALPH NAME NAME STREET ADDRESS 30 NANCY LN STREET ADDRESS CITY-ST-ZIP FT MYERS BEACH FL 33931 CITY-ST-ZIP ☐ Delete TITLE TITLE EBRIGHT, LEONARD 1595 MAINST FT. MYERS BCH, FL EBRIGHT, LEONARD NAME NAME 1595 MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FT MYERS BEACH FL TITLE ☐ Delete TITLE LONG, JANET T NAME NAME 58 NANCY LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL TITI F ☐ Delete ☐ Change TITLE ■ Addition JENSEN, MARIJANE NAME NAME STREET ADDRESS 31 NANCY LANE STREET ADDRESS CITY-ST-ZIP FT. MYERS BEACH FL CITY-ST-ZIP Delete TITLE: TITLE Addition ROBINSONTHOWARD ROBINSON, HOWARD NAME NAME 66 NANCY LANE STREET ADDRESS **66 NANCY LN** STREET ADDRESS 33931 CITY-ST-ZIP FT MYERS BEACH FL CITY-ST-ZIP Delete TITLE TITLE Addition MOORE, R JAMES NAME . NAME STREET ADDRESS 48 NANCY LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL 3393 I 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

TANE JENSEN 4/1/01 941-463-9070

BOD DIESCORD

Dete Designe Phone #