

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000809

1. Entity Name
ANDREA LANE, LTD.

FILED

00 MAR 27 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2159 ANDREA LANE, NO. D-4
FORT MYERS FL 33912

Mailing Address
2159 ANDREA LANE, NO. D-4
FORT MYERS FL 33912-1927

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0678570** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
LEVAN, TERRIS T
2159 ANDREA LANE, NO. D-4
FORT MYERS FL 33912

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$259,720.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 259,720.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000036466
NAME	GDT, INC. OF SOUTH FLORIDA
STREET ADDRESS	2159 ANDREA LANE, NO. D-4
CITY - ST - ZIP	FORT MYERS FL 33912
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	4000002203024--5
CITY - ST - ZIP	-04/11/00--01043--017 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **TERRIS T. LEVAN** Date **3/20/00** Daytime Phone # **941-482-4580**

11-00000

CR2E003 (9/99)