

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014161 AF

**DOCUMENT # A96000000809**

1. Entity Name  
**ANDREA LANE, LTD.**

**FILED**

01 APR 30 PM 5:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



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  
**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

7. Name and Address of New Registered Agent

**LEVAN, TERRIS T**  
2159 ANDREA LANE, NO. D-4  
FORT MYERS FL 33912

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) (NOTI) 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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS  
CITY-ST-ZIP **700004220937--2**  
**-05/16/01--01122--007**  
**\*\*\*526.25 \*\*\*526.25**

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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* **TERIS LEVAN, Pres. of GDT, Inc. of S. Fl.** **4/25/01** **941-482-4580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)