

2002 UNIFORM BUSINESS REPORT (UBR)

0014697 AT

DOCUMENT # **A96000000809**

1. Entity Name
ANDREA LANE, LTD.

FILED

02 APR 11 PM 12:21

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**



2. Principal Place of Business
8250 College Pkwy.

3. Mailing Address
8250 College Pkwy.

Suite, Apt. #, etc.
#201

Suite, Apt. #, etc.
#201

DUE BY MAY 1, 2002

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
65-0678570

Applied For
Not Applicable

Zip
33919

Country
USA

Zip
33919

Country
USA

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)
8250 College Pkwy #201

City
Fort Myers **FL** Zip Code
33919

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000036466 GDT, INC. OF SOUTH FLORIDA 2159 ANDREA LANE, NO. D-4 FORT MYERS FL 33912	STREET ADDRESS CITY-ST-ZIP	8250 College Pkwy #201 Fort Myers, FL 33919
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500005273215--8 04/15/02 01091 020 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME 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: *TERRIS T. LEVAN* **SIGNATURE REQUIRED** *4/5/02* **941-482-4580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)