

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 271799

1. Entity Name

LECANE CORP.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90179 016 ***150.00

Principal Place of Business

Mailing Address

BOX 862
318 E. OSCEOLA AVE.
CLEWISTON FL 33440

BOX 862
318 E. OSCEOLA AVE.
CLEWISTON FLA 33440-3112

00020485



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 **59-1021945**

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

LEE, MAJOR L
326 E. OSCEOLA AVE.
CLEWISTON FL 33440

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

PD
LEE, EVELYN
318 E. OSCEOLA AVE.
CLEWISTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
LEE, SCOTT
318 E. OSCEOLA AVE.
CLEWISTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

ST
LEE, MAJOR
326 E OSCEOLA AVE
CLEWISTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
LEE, MAJOR
326 E OSCEOLA AVE
CLEWISTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

S
LEE, MONEVAH B.
326 E. OSCEOLA AVE.
CLEWISTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Major L Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Major Lee, Secretary

2-9-2000

863-983-9121

Date

Daytime Phone #

CR2E034 (9/99)