

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90004 029 \*\*\*150.00

**DOCUMENT # 660706**

1. Entity Name  
**RICHARD LANCE, INC.**

Principal Place of Business

Mailing Address

856 ENTRADA DR.  
 FT. MYERS FL 33919

856 ENTRADA DR.  
 FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

7579 Laurel Valley Rd  
 Suite, Apt. #, etc.

7579 Laurel Valley Rd  
 Suite, Apt. #, etc.

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Country

Zip

Country

33912

Lee

33912

Lee

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRODEM, MAGNE  
 856 ENTRADA DRIVE  
 FT. MYERS FL 33919-3212

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

*Magne Grodem* (MAGNE GRODEM)

2/8/01

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, 2001 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 PD ☐ Delete  
 NAME GRODEM, RICHARD L  
 STREET ADDRESS RT 39 7579 LAURAL VALLEY  
 CITY-ST-ZIP FT MYERS FL

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

TITLE STD ☐ Delete  
 NAME GRODEM, MAGNE  
 STREET ADDRESS 856 ENTRADA DR.  
 CITY-ST-ZIP FT. MYERS FL

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

TITLE VD ☐ Delete  
 NAME MCHENRY, HARRIETT A  
 STREET ADDRESS 7218 KUMQUAT RD SE  
 CITY-ST-ZIP FT. MYERS FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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:

*Magne Grodem* (MAGNE GRODEM)

Date

Daytime Phone #

(941) 481-0842

CR2E034 (10/00)