

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90042 040 \*\*\*\*61.25

**DOCUMENT # 701444**

1. Entity Name

**LANARK VILLAGE TRAVELER'S, INC.**

Principal Place of Business

155 HEFFERNAN AVENUE  
 LANARK VILLAGE FL 32323-0414  
 US

Mailing Address

P.O. BOX 414  
 LANARK VILLAGE FL 32323-0414  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**LANARK VILLAGE TRAVELERS INC**  
 Suite, Apt. #, etc.  
**155 HEFFERNAN AVE**

3. Mailing Address

**LANARK VILLAGE TRAVELERS INC**  
 Suite, Apt. #, etc.  
**P.O. BOX 414**

City & State

**LANARK VILLAGE, FL**

City & State

**LANARK VILLAGE, FL**

4. FEI Number

**59-0931097**

Applied For

Not Applicable

Zip

**32323-0414**

Country

**U.S.A.**

Zip

**32323-0414**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DURBIN, BIXLER**  
**127 IDAHO STREET**  
**P.O. BOX 381**  
**LANARK VILLAGE FL 32323**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, ANNA	
STREET ADDRESS	DAHLIA CT., 21-6	
CITY-ST-ZIP	LANARK VILLAGE FL 32323-1216	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DIETZ, ROBERT	
STREET ADDRESS	171 CARL KING AVENUE	
CITY-ST-ZIP	LANARK VILLAGE FL 32323-1385	
TITLE	S	<input type="checkbox"/> Delete
NAME	DURBIN, BIXLER	
STREET ADDRESS	127 IDAHO STREET	
CITY-ST-ZIP	LANARK VILLAGE FL 32323-0381	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DIETZ, CAROL	
STREET ADDRESS	171 CARL KING AVENUE	
CITY-ST-ZIP	LANARK VILLAGE FL 32323-1385	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEAVER, IRENE	
STREET ADDRESS	662 PINE STREET	
CITY-ST-ZIP	LANARK VILLAGE FL 32323-0486	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILLE, ANN	
STREET ADDRESS	2523 FLORIDA AVENUE, GULF TERRACE	
CITY-ST-ZIP	LANARK VILLAGE FL 32323-1463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETZ ROBERT	
STREET ADDRESS	171 CARL KING AVE	
CITY-ST-ZIP	CARRABELLE FL 32323-2119	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETZ CAROL	
STREET ADDRESS	171 CARL KING AVE	
CITY-ST-ZIP	CARRABELLE FL 32323-2119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHILL JEAN	
STREET ADDRESS	2 PINE ST	
CITY-ST-ZIP	LANARK VILLAGE FL 32323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ROBERT DIETZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-02 850-697-2785**

CFR2037 (9/01)