

2002 UNIFORM BUSINESS REPORT (UBR)

000761 AT

DOCUMENT # A94000000257

1. Entity Name
LOIS LANE, LTD.

FILED

02 MAY -6 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
521 W. STATE ROAD 434
SUITE 200
LONGWOOD FL 32750

Mailing Address
521 W. STATE ROAD 434
SUITE 200
LONGWOOD FL 32750



2. Principal Place of Business
901 Douglas Ave
Suite, Apt. #, etc.
Ste 205
City & State
Altamonte Springs FL
Zip
32714
Country
USA

3. Mailing Address
901 Douglas Ave
Suite, Apt. #, etc.
Ste 205
City & State
Altamonte Springs FL
Zip
32714
Country
USA

DUE BY MAY 1, 2002

4. FEI Number 59-3249681
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, WILLIE B
521 W. STATE ROAD 434
SUITE 200
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
901 Douglas Ave Ste 205
City Altamonte Springs FL Zip Code 32714

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 *Willie B. Newman* Willie B. Newman, MD General Partner 4/30/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$5,000,000.00

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	901 Douglas Ave, Ste 205
NAME	STREET ADDRESS	CITY-ST-ZIP	Altamonte Springs, FL 32714
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	700005577817--2
DOCUMENT #	NAME	STREET ADDRESS	05/21/02--01076--003
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STREET ADDRESS	CITY-ST-ZIP	
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CITY-ST-ZIP	CITY-ST-ZIP	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: *Willie B. Newman* Willie B. Newman, MD General Partner 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # (407) 830 4966

CR2E003 (9/01)