

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005462

1. Entity Name

LANE-TEDDER & ASSOCIATES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90100 042 ***150.00

Principal Place of Business

Mailing Address

1601 14TH ST
SUITE E
MERIDIAN MS 39301

1601 14TH ST
SUITE E
MERIDIAN MS 39301-4208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0783176

Applied For

Not Applicable

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

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE, SUITE 900
MIAMI FL 33131

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	C	<input type="checkbox"/> Delete
NAME	TEDDER, G.M.	
STREET ADDRESS	6978 B. W. JOHNSON RD	
CITY-ST-ZIP	MERIDIAN MS 39301	
TITLE	VCP	<input type="checkbox"/> Delete
NAME	LANE, MAURICE	
STREET ADDRESS	125 MCGUIRE LANE	
CITY-ST-ZIP	PELHAM AL 35124	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANE, KYE	
STREET ADDRESS	1864 COUNTY RD 156	
CITY-ST-ZIP	JEMISON AL 35085	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TEDDER, MARK	
STREET ADDRESS	5578 HWY 18	
CITY-ST-ZIP	BRANDON MS 39042	
TITLE	T	<input type="checkbox"/> Delete
NAME	USRY, W.F. II	
STREET ADDRESS	6973 PLEASANT RIDGE RD	
CITY-ST-ZIP	HICKORY MS 39332	
TITLE	I	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	No office	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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		
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paulson, Kari	
STREET ADDRESS	1601 14th St., Ste E.	
CITY-ST-ZIP	Meridian MS 39301	

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:

Maurice Lane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000

Date

601-483-2222

Daytime Phone #

CR20034 (3/99)