

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G56547

1. Entity Name

LANCE BENEFIELD & COMPANY, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90095 036 \*\*\*150.00

Principal Place of Business

8660 COLLEGE PARKWAY  
STE 250  
FT. MYERS FL 33919  
US

Mailing Address

8660 COLLEGE PARKWAY  
STE 250  
FT. MYERS FL 33919-5817  
US

2. Principal Place of Business

8151 E. EVANS ROAD

3. Mailing Address

8151 E. EVANS ROAD

Suite, Apt. #, etc.

STE 3

Suite, Apt. #, etc.

STE 3

City & State

SCOTTSDALE AZ

City & State

SCOTTSDALE AZ

Zip

85260

Country

USA

Zip

85260

Country

USA

4. FEI Number

59-2448096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANISH, LANCE G.  
8660 COLLEGE PKWY, STE 250  
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

22590 FOUNTAIN LKS BLV

City

ESTERO

FL

Zip Code

33928

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS HANISH, LANCE  
CITY - ST - ZIP 22590 FOUNTAIN LKS BLV  
ESTERO FL 33928

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00  
Date

(480) 951-5444  
Daytime Phone #

CR2E034 (9/99)