

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J29351

1. Entity Name  
LEHIGH LANES LOUNGE AND RESTAURANT, INC.

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90023 003 \*\*\*150.00

Principal Place of Business Mailing Address  
% DONALD L. JANNEY % DONALD L. JANNEY  
1241 HOMESTEAD ROAD 1241 HOMESTEAD ROAD  
LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936-6003

80002508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2691680		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JANNEY, DONALD L. 1241 HOMESTEAD ROAD LEHIGH ACRES FL 33936				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(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. <input type="checkbox"/> <small>(See criteria on back)</small>		<del>FILE NOW!!! FEE IS \$150.00</del> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANNEY, DONALD L.		NAME		
STREET ADDRESS	1241 HOMESTEAD RD		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANNEY, MARCELLA		NAME		
STREET ADDRESS	1241 HOMESTEAD RD		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANNEY, DANIEL		NAME		
STREET ADDRESS	1241 HOMESTEAD ROAD		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Donald L. Janney **OWNER** 1/6/2000 441-369-2009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)