

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90057 037 ***150.00

DOCUMENT # K07744

1. Entity Name

WARREN LANE'S FOUNDATIONS, INC.

Principal Place of Business

Mailing Address

C/O WARREN E. LANE, JR.
 2960 EWELL ROAD
 LAKELAND FL 33811

PO BOX 6711
 2960 EWELL ROAD
 LAKELAND FL 33807-6711
 US

715764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10204 LANE ACRES DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lithia FL

4. FEI Number

59-2865802

Applied For

Not Applicable

Zip

Country

Zip

Country

33547

Hillsborough

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

LANE, WARREN E., JR.
 2960 EWELL ROAD
 LAKELAND FL 33811

Name

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

10204 LANE ACRES DRIVE

City

Lithia

FL

Zip Code

33547

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

2/15/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, WARREN E., JR. 2960 EWELL ROAD LAKELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 10204 LANE ACRES DR Lithia FL 33547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LANE, LINDA M. 2960 EWELL ROAD LAKELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST 10204 LANE ACRES DR Lithia FL 33547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Linda M. Lane LINDA M. LANE

2/15/00

8136508751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #