

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM  
Secretary of State

DOCUMENT # L98000000362

1. Entity Name  
LANE-LINK, LLC

Principal Place of Business  
1120 LYONTREE STREET  
HOLLYWOOD FL 33019

Mailing Address  
P.O. BOX 7245  
FT. LAUDERDALE FL 33338

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
814 COUNTRY CLUB DRIVE  
Suite, Apt. #, etc.

City & State  
HEATH TX

Zip Country  
75032

4. FEI Number  
65-0836965

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LANE SUSAN  
1120 LYONTREE STREET  
HOLLYWOOD FL 33019

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE 05/01/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME LANE DAVID B  
STREET ADDRESS 1120 LYONTREE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE MGRM ☒ Delete  
NAME LANE JOEL R  
STREET ADDRESS 1120 LYONTREE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE MGRM ☒ Delete  
NAME LANE SUSAN  
STREET ADDRESS 1120 LYONTREE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE MGRM ☐ Delete  
NAME LANE BETTY Y  
STREET ADDRESS 1120 LYONTREE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE MGRM ☐ Delete  
NAME LANE ROBERT R  
STREET ADDRESS 1120 LYONTREE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.