2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L98000002862

1. Entity Name

LANCW, LLC

Principal Place of Business	Mailing Address
1503 HIGHWAY 98 WEST MARY ESTHER FL 32569	1503 HIGHWAY 98 WEST MARY ESTHER FL 32569-1545

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-3548646	Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**	
PERRI, DANIEL C 5 CLIFFORD DRIVE, SUITE 12 SHALIMAR FL 32579	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 _____ Daniel C. Perri   5/1/2000
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

9. MANAGING MEMBERS/MEMBERS		**10.** ADDITIONS/CHANGES	
TITLE MGR **NAME** BEAL, BEVERLY O **STREET ADDRESS** 1503 HIGHWAY 98 WEST **CITY-ST-ZIP** MARY ESTHER FL 32569	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** 2000032687D2--0 -05/26/00--01084--004 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
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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.

SIGNATURE: _____ BEVERLY O. BEAL 5/1/00 850-581-3747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #