

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006253

1. Entity Name
SHOPKEYPER ON THE LANE L.L.C.

FILED

00 JUN 15 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

601 6TH ST. S.W.
WINTER HAVEN FL 33880

Mailing Address

601 6TH ST. S.W.
WINTER HAVEN FL 33880-3326

2. Principal Place of Business

3025 Dundee Rd.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL.

City & State

Zip Country

33884 USA

4. FEI Number *applied for but not yet received*

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITEHEAD, JOAN B
900 N. LK. ELOISE DR.
WINTER HAVEN FL 33884

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

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

TITLE MGRM ☐ Delete
NAME WHITEHEAD, JOAN B
STREET ADDRESS 900 N. LK. ELOISE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE MGRM ☐ Delete
NAME FENICH, SUSAN L
STREET ADDRESS 3425 IMPERIAL LN.
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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.

SIGNATURE:

Susan L Fenich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Susan L Fenich 5/31/00 (863) 644-9494
Date Daytime Phone #

CR2E083 (9/99)