

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90357 034 \*\*\*\*61.25

0004482

**DOCUMENT # N02000003570**

1. Entity Name

**THE I. WILLIAM LANE EDUCATION FOUNDATION, INC.**



Principal Place of Business

**1517 EAST ROBINSON STREET  
ORLANDO FL 32801-2121**

Mailing Address

**1517 EAST ROBINSON STREET  
ORLANDO FL 32801-2121**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**010-68-5918**

Applied For

Not Applicable

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

**HARRIS, BOB L ESQ.**

**301 SOUTH BRONOUGH STREET**

**SUITE 200**

**TALLAHASSEE FL 32301-1722**

Name

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

**215 S. Monroe St., Suite 701**

City

**Tallahassee**

FL

Zip Code

**32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/17/03**

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete  
NAME **R. WILSON GELDER, N.D., D.C.**  
STREET ADDRESS **1517 EAST ROBINSON STREET**  
CITY-ST-ZIP **ORLANDO FL 32801-2121**

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

TITLE **VC** ☐ Delete  
NAME **HARRIS, BOB L ESQ.**  
STREET ADDRESS **301 S. BRONOUGH STREET #200**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **215 S. Monroe St., Ste. 701**  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **MILLER, MICHAEL B M.D.**  
STREET ADDRESS **7100 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32808**

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

TITLE ☐ Delete  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/17/03**

**850-**

**222-0720**

Date Daytime Phone #

CR2E037 (4/03)