

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90014 012 ****61.25

DOCUMENT # N04908

1. Entity Name

HELEN LANE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10 HELEN LN
 FT MYERS BCH FL 33931-2940
 US

10 HELEN LN
 FT MYERS BCH FL 33931-2940
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2562901

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIBLEY, ERANGIE FRANCIS
51 OYSTER BAY LANE
FT MYERS BCH FL 33931

Name **SAME**

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

- TITLE PD Delete
- NAME SIBLEY, FRANCIS
- STREET ADDRESS 51 OYSTER BAY LANE
- CITY-ST-ZIP FT MYERS BCH FL 33931
- TITLE S Delete
- NAME FIERCE, SUE
- STREET ADDRESS 27 HELEN LANE
- CITY-ST-ZIP FT MYERS BCH FL 33931
- TITLE ~~PD~~ Delete
- NAME WERTZ, SUE
- STREET ADDRESS 50 OYSTER BAY LN
- CITY-ST-ZIP FT MYERS BCH FL
- TITLE D Delete
- NAME PAIN, CLYDE
- STREET ADDRESS 39 HELEN LANE
- CITY-ST-ZIP FT. MYERS BCH. FL 33931
- TITLE D Delete
- NAME ZELLER, KAY
- STREET ADDRESS 22 HELEN LANE
- CITY-ST-ZIP FT. MYERS BEACH FL 33931
- TITLE D Delete
- NAME SHIALEY LAYMAN
- STREET ADDRESS 54 OYSTER BAY LN
- CITY-ST-ZIP FT. MYERS BCH, FL 33931

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

- TITLE D. Change Addition
- NAME ~~MARKEY~~ DELISE, MARGARET
- STREET ADDRESS 26 HELEN LANE
- CITY-ST-ZIP FT. MYERS BCH, FL 33931
- 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
- NAME
- 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

Daytime Phone #

CR2E037 (9/99)