

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005262

1. Entity Name

THE LOVELANDERS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90016 038 ****61.25

813613



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4002 S TAMiami TR
VENICE FL 34293

4002 S TAMiami TR
VENICE FL 34293-5030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0551561

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

ROBERTS, GREGORY C
341 W VENICE AVE
VENICE FL 34285

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, 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

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

PD
~~MEANEY, MARY~~
9 DOMINICA DR
ENGLEWOOD FL 34293

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KATHY LAINO
124 CORAL Rd.
Venice, FL 34293

VPD
ZELLER, GLENN
403 WELLINGTON CT
VENICE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MACKEY, JOYCE
604 PAGET DR.
VENICE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RS
ZELLER ETHEL
403 WELLINGTON COURT
VENICE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CS
ANDERSON, SHIRLEY
326 JACARANDA CIR
VENICE FL 34292

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RITA SPINO
1808 FLAMETREE LANE
Venice, FL 34293

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joyce Mackey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2000 941-497-7967

Date

Daytime Phone #

CR2E037 (9/99)