

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90006 049 \*\*\*\*61.25

**DOCUMENT # N94000005262**

1. Entity Name  
**THE LOVELANDERS, INC.**

Principal Place of Business

**4002 S TAMiami TR  
 VENICE FL 34293**

Mailing Address

**4002 S TAMiami TR  
 VENICE FL 34293**

**00057951**

2. Principal Place of Business

**157 HAVANA Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address

**157 HAVANA Rd.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Venice, FL.**

City & State  
**Venice FL.**

4. FEI Number **65-0551561**

Applied For  
 Not Applicable

Zip Country  
**34293 SARASOTA**

Zip Country  
**34293 SARASOTA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, GREGORY C  
 341 W VENICE AVE  
 VENICE FL 34285**

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.

(NOT 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 **VPD** ☐ Delete  
 NAME **LAING, KATHY**  
 STREET ADDRESS **124 CORAL RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **TD** ☐ Delete  
 NAME **MACKEY, JOYCE**  
 STREET ADDRESS **604 PAGET DR.**  
 CITY-ST-ZIP **VENICE FL**

TITLE **RS** ☐ Delete  
 NAME **ZELLER ETHEL**  
 STREET ADDRESS **403 WELLINGTON COURT**  
 CITY-ST-ZIP **VENICE FL**

TITLE **CS** ☐ Delete  
 NAME **ANDERSON, SHIRLEY**  
 STREET ADDRESS **326 JACARANDA CIR**  
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **PD** ☐ Delete  
 NAME **SPINO, RITA**  
 STREET ADDRESS **1803 FLAMETREE LANE**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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  
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 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: **JOYCE MACKEY** 6-1-01 941-497-7967

CR2E037 (10/00)