

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90038 011 *****70.00

DOCUMENT # N98000000919

1. Entity Name

SUNSET BAY CHAPEL, INC.

Principal Place of Business

**3010 MCINTOSH RD.
DOVER FL 33527**

Mailing Address

**3010 MCINTOSH RD.
DOVER FL 33527**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3499073

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LANE, DAVID S
3010 MCINTOSH ROAD
DOVER FL 33527**

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 \$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	D T	<input type="checkbox"/> Delete
NAME	BRYANT, DAVID	
STREET ADDRESS	504 HIDDEN LAKE DR.	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE	D T	<input type="checkbox"/> Delete
NAME	LANE, DAVID S	
STREET ADDRESS	3010 MCINTOSH ROAD	
CITY-ST-ZIP	DOVER FL 33527	

TITLE	D T	<input type="checkbox"/> Delete
NAME	LAUTZENHEISER, REX	
STREET ADDRESS	1001 CLASSIC DR.	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	D T	<input type="checkbox"/> Delete
NAME	SCOTT, GALEN	
STREET ADDRESS	2000 TIMBER KNOLL DR. P.O. Box 607	
CITY-ST-ZIP	VALRICO FL 33594 Ruskin, FL 33570	

TITLE	D T	<input type="checkbox"/> Delete
NAME	VIOLETTE, DAN	
STREET ADDRESS	13310 B. RHODINE ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, GALEN	
STREET ADDRESS	P.O. Box 607	
CITY-ST-ZIP	Ruskin, FL 33570	

TITLE	V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID S. LANE	
STREET ADDRESS	3010 MCINTOSH RD.	
CITY-ST-ZIP	DOVER FL 33527	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DAVID S. LANE *[Signature]* **1/29/01 (813) 685-5262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)