

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074548

1. Entity Name

R. LANE LYNCHARD, P.A.

Principal Place of Business

200 PRITCHARD RD.
DESTIN FL 32541

Mailing Address

200 PRITCHARD RD.
DESTIN FL 32541

2. Principal Place of Business

1811 Alhambra St.

3. Mailing Address

1811 Alhambra St.

Suite, Apt. #, etc.

Navarre, FL

Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Zip

32566

Country

USA

Zip

32566

Country

USA

6. Name and Address of Current Registered Agent

LYNCHARD, R. LANE
200 PRITCHARD RD.
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

R. Lane Lynchard

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

1811 Alhambra St.

City

Navarre

FL

Zip Code

32566

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

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

R. Lane Lynchard

(NOTE: Registered Agent signature required when reinstating)

3/10/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D LYNCHARD, R. LANE
200 PRITCHARD RD.
DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Lane Lynchard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01

Date

850 936 9385

Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90017 003 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)