

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90096 023 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000074548
1. Entity Name
 R. LANE LYNCHARD, P.A.

Principal Place of Business 1811 ALHAMBRA STREET
 NAVARRE FL 32566
Mailing Address 1811 ALHAMBRA STREET
 NAVARRE FL 32566

2. Principal Place of Business 1807 ALHAMBRA ST.
 Suite, Apt. #, etc.
3. Mailing Address 1807 ALHAMBRA ST.
 Suite, Apt. #, etc.
City & State NAVARRE, FL
City & State NAVARRE, FL
Zip 32566 **Country** SANTA ROSA
Zip 32566 **Country** SANTA ROSA

4. FEI Number 59-3661264
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LYNCHARD, R. LANE
 1811 ALHAMBRA STREET
 NAVARRE FL 32566

7. Name and Address of New Registered Agent
Name R. LANE LYNCHARD
Street Address (P.O. Box Number is Not Acceptable)
 1807 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* **1-15-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCHARD, R. LANE	
STREET ADDRESS	200 PRITCHARD RD.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. LANE LYNCHARD	
STREET ADDRESS	1255 TALL PINE CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
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		

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* **1-15-02** **850-936-9385**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)