2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047670

DOCUMENT # P93000047670 1. Entity Name LANIER AND COMPANIES, INC.					Mar 31, 2000 8:00 am Secretary of State 03-31-2000 90008 009 ***150.00			
Principal Place of Business		Mailing Address						
3892 PROSPECT AVENUE SUITE 6 RIVIERA BEACH FL 33404 US		3892 PROSPECT AVENUE SUITE 6 RIVIERA BEACH FL 33404-3348 US		1 10011231 (10 10101 21121 00211 23117 DE211 23117	#2#27 1 #270 # 2111 1 # 4	II FT (1 1 84 1		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE			
City & Stat	e	City & State	<u> </u>	4. 1	FEI Number 65-0425097	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current F	legistered Agent		7. N	Name and Address of New Registere	d Agent		
		-	ĹN	ame				
LANIER, MELVIN R 3892 PROSPECT AVE #6 RIVIERA BCH FL 33404			S	Street Address (P.O. Box Number is Not Acceptable)				
			C	ity	F	Zip Code	,	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent ar			ffice or registered ago		:		
_ _		After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 lake Check Payable to Department of St		10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANIER, MELVIN R 18116 125TH AVE — PO BOX JUPITER FL 33468	□ Delete 17814	TITLE NAME STREET AD CITY-ST-2			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET AD CITY-ST-2	1		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	4		Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE I NAME STREET AD			☐ 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:	+916111417617E	
	SIGNATURE AND TYPED OR PRINTED NA	AME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition

FILED