

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016531

1. Entity Name

LANTEE CORP.

Principal Place of Business

3773 CENTRAL AVENUE  
SUITE A-125  
ST. PETERSBURG FL 33713-8338

Mailing Address

3773 CENTRAL AVENUE  
SUITE A-125  
ST. PETERSBURG FL 33713-8338

2. Principal Place of Business

3. Mailing Address

2853 W. SUNRISE ST  
Suite, Apt. #, etc.

2853 W. SUNRISE ST  
Suite, Apt. #, etc.

City & State

LECANTO, FL

City & State

LECANTO, FL

Zip

34461

Country

USA

Zip

34461

Country

USA

6. Name and Address of Current Registered Agent

WINEBRENNER, J. M  
3773 CENTRAL AVENUE  
SUITE A-125  
ST. PETERSBURG FL 33713-8338

7. Name and Address of New Registered Agent

Name  
R. J. LANE  
Street Address (P.O. Box Number is Not Acceptable)  
2853 W. SUNRISE ST  
City  
LECANTO FL Zip Code  
34461

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 Robin J. Lane ROBIN J. LANE PRESIDENT 2/15/00  
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. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	LANE, ROBIN	
STREET ADDRESS	2853 WEST SUNRISE STREET	
CITY-ST-ZIP	LECANTO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANE, FREDA	
STREET ADDRESS	2853 WEST SUNRISE STREET	
CITY-ST-ZIP	LECANTO FL	
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	<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	
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: Robin J. Lane ROBIN J. LANE 2/15/00 (352) 527-0475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 21, 2000 8:00 am  
Secretary of State

03-21-2000 90089 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3301698 Applied For Not Applicable

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

CR2F034 (9/99)