

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000092461

FILED  
Jan 29, 2003  
Secretary of State

Entity Name: LANT & ASSOCIATES, INC.

## Current Principal Place of Business:

1555 NOWELL BRANCH RD  
STE 202 C  
WINTER PARK, FL 32789 US

## New Principal Place of Business:

## Current Mailing Address:

1555 NOWELL BRANCH RD  
STE 202 C  
WINTER PARK, FL 32789 US

## New Mailing Address:

FEI Number: 59-3347693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANT, THOMAS W  
1330 LAKE KNOWLES CIRCLE  
Y  
WINTER PARK, FL 32789

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PMD ( ) Delete  
Name: LANT, THOMAS W  
Address: 1330 LAKE KNOWLES CIR  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: STEVEN DZIABIS, MD  
Address: 1330 LAKE KNOWLES CIR  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: ROGERS, SUZANNE  
Address: 5689 WYCOMBE LANE  
City-St-Zip: INDIANAPOLIS, IN 46220

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WILDMAN, DONALD  
Address: 659 AIRMONT AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Change (X) Addition  
Name: WHITMAN, BRIAN  
Address: WALKER PLAZA SUITE 300  
City-St-Zip: INDIANAPOLIS, IN 46202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. LANT

PMD

01/29/2003

Electronic Signature of Signing Officer or Director

Date