

2000 UNIFORM BUSINESS REPORT (UBR)

0465606

DOCUMENT # P96000002408

1. Entity Name

LAVENDER PINES INCORPORATED

FILED

00 FEB -7 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND FL 33957	Mailing Address 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND FL 33957-3220
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2. Principal Place of Business 2340 Periwinkle Way	3. Mailing Address 2340 Periwinkle Way
Suite, Apt. #, etc. Suite I-2	Suite, Apt. #, etc. Suite I-2

City & State Sanibel Island, Florida	City & State Sanibel Island, Florida
Zip 33957	Country USA

4. FEI Number 65-0640335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RATLIFF, ROBERT LEE III
2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name Ratliff, Robert Lee III
Street Address (R.O. Box Number is Not Acceptable)
2340 Periwinkle Way
Suite I-2
City Sanibel Island FL Zip Code 33957

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 DATE _____
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD RATLIFF, ROBERT LEE III 2340 PERIWINKLE WAY, SUITE J-3 SANIBEL ISLAND FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Ratliff, Robert Lee III 2340 Periwinkle Way, Suite I-2 Sanibel Island, Florida 33957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE 2-2-00 DAYTIME PHONE # 941-395-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)