

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083896

1. Entity Name
BENTON-LYNCH, INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90004 029 ***550.00

Principal Place of Business
2025 J&C BLVD
STE #5
NAPLES FL 34109

Mailing Address
2025 J&C BLVD
STE #5
NAPLES FL 34109
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 65-0703388
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGFORD, GEORGE P
3357 TAMiami TRAIL NORTH
NAPLES FL 34103

Name Kendall Chaffee
Street Address (P.O. Box Number is Not Acceptable)
2025 J&C Blvd
Suite #5
City Naples, FL Zip Code 34109

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 Kendall Chaffee
(Signature, typed or printed name of registered agent and title if applicable) (NOT) Registered Agent signature required when reinstating) DATE 05/22/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ FILE NOW! After MAY 1, 2001 Fee IS \$150.00 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENTON, WILLIAM A	
STREET ADDRESS	6015 WEST RIVERSIDE DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	CHAFFEE, KENDALL	
STREET ADDRESS	5080 CORAL WOOD DR	
CITY-ST-ZIP	NAPLES FL 34119	
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	DPTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kendall Chaffee	
STREET ADDRESS	5080 Coral Wood Dr	
CITY-ST-ZIP	Naples, FL 34119	
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		
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kendall Chaffee President-BLI Kendall Chaffee 05/22/01 941 596-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)