2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
06-27-2001 90006 034 ***150.00

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DOCUMENT # P96000104424

1. Entity Name
LINDA O. LACHANCE, P.A.

Principal Place of Business	Mailing Address
1213 UP STREET COURT ORLANDO FL 32837	717 E. OAK ST. KISSIMMEE FL 34744 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11816 Ottawa Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State
Zip: 32837 Country: USA	Zip Country

4. FEI Number ~~59-3420256~~ 59-342-0566 ☐ 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
SWART, HARRY J 717 EAST OAK STREET KISSIMMEE FL 34744	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 ______________________________
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSDT LACHANCE, LINDA O 8002 WINPIPE COURT ORLANDO FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 11816 Ottawa Ave. Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Linda O. Lachance P.A. 5/25/01 407-854-5716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DH P96000104521
A00750666

SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS ❖ BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA
ANDY J. BAUMRUK, CPA

June 22, 2001

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Annual Report
Linda O. LaChance, P.A.

To Whom It May Concern:

Please accept this letter as our request to abate the filing penalty incurred by our client Linda O. LaChance, P.A.

On December 21, 2000, Ms. Linda LaChance's (President of Linda O. LaChance, P.A.) ex-husband, Richard Lynn Greene passed away. Since then, their son, Chase L. Greene, has not been dealing well with the loss of his father. During this time, Ms. LaChance has needed to spend additional time with her son helping him to work through the grief of losing his father. Because of the additional time her son required, Ms. LaChance had to put her business on hold and it was during this time that her annual report was due.

Another factor to complicate the matter is that Linda O. LaChance, P.A. is a one-person business. There were no additional employees to step in and take care of business in Ms. LaChance's absence.

Attached is a completed Annual Report for the year 2001 we prepared on the business' behalf, their payment of $150.00, a copy of Mr. Greene's death certificate and the obituary notice (which erroneously listed Chase as his brother not his son). We ask that you show sympathy on our client and abate the penalty for the reasons stated above.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

Enclosures

HERITAGE SQUARE ❖ 717 EAST OAK STREET ❖ KISSIMMEE, FLORIDA 34744-4580
(407) 847-7466/(800) 361-1754 ❖ FAX: (407) 847-6641
EMAIL: TEAM@SBC-CPA.COM ❖ VISIT US AT: WWW.SBC-CPA.COM

I HEREBY CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE DORCHESTER COUNTY HEALTH DEPARTMENT

DEC 27 2000

County Registrar

Attachment
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STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

CERTIFICATE OF DEATH

STATE BIRTH NUMBER | STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): RICHARD LYNN GREENE
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): DECEMBER 21, 2000
4. SOCIAL SECURITY NUMBER: 238-84-8454
5a. AGE - Last Birthday (Years): 50
5b. UNDER 1 YEAR - Months / Days:
5c. UNDER 1 DAY - Hours / Minutes:
6. DATE OF BIRTH (Mo., Day, Year): JAN. 15, 1950
7. BIRTHPLACE (City, and State or Foreign Country): SHELBY, NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): NO
9a. PLACE OF DEATH (Check only one, see instructions on other side): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 805 HORNE STREET
9c. CITY, TOWN, OR LOCATION OF DEATH: ST. GEORGE
9d. COUNTY OF DEATH: DORCHESTER
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): JANE ETHEREDGE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): GENERAL MANAGER (SALES)
12b. KIND OF BUSINESS/INDUSTRY: AUTO DEALERSHIP
13a. RESIDENCE - STATE: SC
13b. COUNTY: DORCHESTER
13c. CITY, TOWN, OR LOCATION: ST. GEORGE
13d. STREET AND NUMBER: 321 BEHLING STREET
13e. INSIDE CITY LIMITS? (Yes or No): YES
13f. ZIP CODE: 29477
14. Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ Yes ☒ No (Specify)
15. RACE - American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): EARL STONEWALL GREENE
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARGARET LETA MAE HARDIN

INFORMANT

19a. INFORMANT'S NAME (Type/Print): JANE E. GREENE
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 321 BEHLING STREET, ST. GEORGE, SC 29477

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): DORCHESTER CEMETERY
20c. LOCATION - (City or Town, State): DORCHESTER, SC
21a. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature): [signature]
21b. FUNERAL DIR. LICENSE NO.: 1208
22a. NAME AND ADDRESS OF FACILITY: BRYANT FUNERAL HOME INC. P.O. Box 306 ST. GEORGE, SC 29477
22b. LICENSE NUMBER (of facility): 322
21c. EMBALMER (Signature): [signature]
21d. EMBALMER LICENSE NO.: 2606

CERTIFYING PHYSICIAN

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.

To the best of my knowledge, death occurred at the time, date, and place stated.

23a. Signature and Title:
23b. LICENSE NUMBER:
23c. DATE SIGNED (Month, Day, Year):

24. TIME OF DEATH: 4:32 AM
25. DATE PRONOUNCED DEAD (Month, Day, Year): December 21, 2000
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No): Yes, Dorchester County Coroner

CAUSE OF DEATH

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Small Cell Lung Cancer with Metastasis — DUE TO (OR AS A CONSEQUENCE OF): — 7 Months
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. AUTOPSY (Yes or No): No
28b. IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No):

29. MANNER OF DEATH: ■ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
30a. DATE OF INJURY (Month, Day, Year): N/A
30b. TIME OF INJURY: N/A
30c. INJURY AT WORK? (Yes or No): No
30d. DESCRIBE HOW INJURY OCCURRED: N/A
30e. PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify): N/A
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State): N/A

CERTIFIER

31. CERTIFIER (Check only one): ☐ CERTIFYING PHYSICIAN (Physician certifying cause of death) ☐ MEDICAL EXAMINER ■ CORONER ☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Dr. C. W. Wimberly, Jr.
33a. SIGNATURE AND TITLE OF CERTIFIER: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated: [signature]
33b. LICENSE NUMBER: Deputy Coroner
33c. DATE SIGNED (Month, Day, Year): December 21, 2000
34. NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a (Type/Print): Perida S. Moultrie, 212 Deming Way Box 2, Summerville, SC 29483

REGISTRAR

REGISTRAR'S SIGNATURE:
DATE FILED (Month, Day, Year):