

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075849

1. Entity Name

CHRISTOPHER LANE DESIGN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4924 FIRST COAST HIGHWAY  
SUITE 12  
AMELIA ISLAND FL 32034

4924 FIRST COAST HIGHWAY  
SUITE 12  
AMELIA ISLAND FL 32034

2. Principal Place of Business

3. Mailing Address

22 Village Circle Dr #3

22 Village Circle Dr #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Amelia Island Plantation

Amelia Island Plantation

City & State

City & State

Amelia Island FL

Amelia Island FL

Zip

Country

Zip

Country

32034

Nassau

32034

Nassau

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANE, WILLIAM DEE  
316 S. FLETCHER AVENUE  
FERNANDINA BEACH FL 32034

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 William D Lane Pres.

10 Jan 01

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 D ☐ Delete  
NAME LANE, WILLIAM D  
STREET ADDRESS P.O. BOX 286 N/A  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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)(l), 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: William D Lane William D Lane 10 Jan 01 904 321 1272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

047536

CR2E034 (10/00)