

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103848

1. Entity Name

LENANCE, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90965 022 \*\*\*150.00

Principal Place of Business

711 WEST INDIANTOWN ROAD. C-3  
JUPITER FL 33458

Mailing Address

711 WEST INDIANTOWN ROAD. C-3  
JUPITER FL 33458-7571

2. Principal Place of Business

19186 COUNTRY CLUB DR.  
Suite, Apt. #, etc.

3. Mailing Address

19186 COUNTRY CLUB DR.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TEQUESTA, FL

City & State

TEQUESTA, FL

4. FEI Number

65-0811063

Applied For

Not Applicable

Zip

Country

33469 USA

Zip

Country

33469 USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAUSE, KATHLEEN NANCY  
19186 COUNTRY CLUB DRIVE  
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

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, 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  
P  
HAUSE SR, LEONARD R  
19186 COUNTRY CLUB DR  
TEQUESTA FL 33469

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HAUSE, K NANCY  
19186 COUNTRY CLUB DR  
TEQUESTA FL 33469

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathleen Nancy Hause VP 4-28-00 561-748-9104

CR2E034 (9/99)