

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010306

1. Entity Name

LAURA ANN INC.

Principal Place of Business

36 S. MAGNOLIA AVE.  
OCALA FL 34471

Mailing Address

36 S. MAGNOLIA AVE.  
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3496252

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

Name

Ed Harmer

Street Address (P.O. Box Number is Not Acceptable)

3240 S.W. 34th St Apt #1009  
City Ocala FL Zip Code 34474

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

*Ed Harmer*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/01

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 DPT  
NAME HARMER, EDWARD S  
STREET ADDRESS 320 SHEPHERD AVE  
CITY-ST-ZIP MIDDLESEX NJ 08846 ☐ Delete

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

TITLE DS  
NAME MANN, RICHARD G  
STREET ADDRESS 3334 SE 12TH STREET  
CITY-ST-ZIP Ocala FL 34471 ☒ Delete

TITLE VP - Director  
NAME Laura Hardman Lane  
STREET ADDRESS 3215 SE 19th Ave  
CITY-ST-ZIP Ocala FL 34471 ☐ Change ☒ Addition

TITLE DV  
NAME MANN, REBECCA  
STREET ADDRESS P.O. BOX 404  
CITY-ST-ZIP NICHOLS NY 13812 ☐ Delete

TITLE Secretary/Director  
NAME Rebecca Mann  
STREET ADDRESS P.O. Box 404  
CITY-ST-ZIP Nichols, N.Y. 13812 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 #

2/25/01 (322) 861-1427

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90063 035 \*\*\*150.00

D0022765



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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