

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90295 045 \*\*\*150.00

**DOCUMENT # P98000016498**

1. Entity Name  
**RV LANAI, INC.**

Principal Place of Business

**14960 COLLIER BLVD  
 2089  
 NAPLES FL 34119**

Mailing Address

**6017 PINE RIDGE RD 195  
 NAPLES FL 34119**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5551 Luckett Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**# B-87**

City & State  
**FT MYERS FL**

Zip  
**33905**

Country  
**LEE**

Zip

Country

4. FEI Number **65-0813954**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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, 2002 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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>RANCK, MARY E</b>	
STREET ADDRESS	<b>160 CR 951 #4095</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RANCK, RICHARD J</b>	
STREET ADDRESS	<b>160 CR 951 #4095</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5551 Luckett Rd #B-87</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33905</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5551 Luckett Rd #B-87</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33905</b>	
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		
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 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** *Mary E. Ranck* **MARY E. RANCK, PRES.** **4/29/02 941-694-7186**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)