2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2000 8:00 am
Secretary of State
07-26-2000 90002 011 ***150.00

DOCUMENT # P98000027629

1. Entity Name

LANIER MANAGEMENT SERVICES, INC. R

Principal Place of Business	Mailing Address
321 ~~815~~ MAPLE FOREST AVENUE CLERMONT FL 34711	~~815 MAPLE FOREST AVENUE CLERMONT FL 34711-7736~~ → PO BOX 314 MINNEOLA, FL

821-Maple Forest Ave

2. Principal Place of Business	3. Mailing Address
~~P.O. BOX 314~~	P.O. BOX 314
Suite, Apt. #, etc. Clermont, Fl-34711-	Suite, Apt. #, etc
City & State ~~MINNEOLA, FL. 34755~~	City & State MINNEOLA, FL. 34755
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3504855 ☐ 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
YEAGER, CAROL LANIER ~~815~~ MAPLE FOREST AVENUE CLERMONT FL 34711 821-Maple Forest Ave	Name CAROL LANIER YEAGER Street Address (P.O. Box Number is Not Acceptable) ~~P.O. BOX 314~~ 821-Maple Forest Ave City ~~MINNEOLA, FL. 34755~~ FL Zip Code Clermont, Fl-34711

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YEAGER, CAROL LANIER ~~815~~ MAPLE FOREST AVENUE CLERMONT FL 34711 821-Maple Forest Ave ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. BOX 314 MINNEOLA, FL. 34755
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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: Carol L. Yeager   5-5-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone