

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002677

1. Entity Name

WILLIAM J. LANE & ASSOCIATES, INC.

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90006 002 ***550.00

Principal Place of Business

11111 MINNEAPOLIS DRIVE
 COOPER CITY FL 33026

Mailing Address

11111 MINNEAPOLIS DRIVE
 COOPER CITY FL 33026

2. Principal Place of Business

11111 Minneapolis DR.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cooper City, FL

City & State

4. FEI Number

65-0888283

Applied For

Not Applicable

Zip

33026

Country

Broward

Zip

Country

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

SAME AS TO THE LEFT

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 PSTD
 LANE, WILLIAM J
 11111 MINNEAPOLIS DRIVE
 COOPER CITY FL 33026

☐ Delete

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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 another like empowered.

SIGNATURE:

William J. Lane
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00 (954) 442-9844
 Date Daytime Phone #

CR2EN34 (5/00)