

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000002938

1. Entity Name

LANCO INTERNATIONAL, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90117 022 \*\*\*150.00

Principal Place of Business

801 ANCHOR RODE DR., STE. 106  
NAPLES FL 34103

Mailing Address

801 ANCHOR RODE DR., STE. 106  
NAPLES FL 34103-2742

2. Principal Place of Business

5818 Glencove Dr

Suite, Apt. #, etc.

# 101

3. Mailing Address

5818 Glencove Dr

Suite, Apt. #, etc.

# 101

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3551375

Applied For

Not Applicable

Zip

34108

Country

Zip

34108

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAVARES, CESAR B  
801 ANCHOR RODE DR., STE. 106  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

CEsar TAVARES

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

5818 GLENCOVE DR. # 101

City

NAPLES

FL

Zip Code

34108

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 ☐ Delete  
TAVARES, CESAR  
STREET ADDRESS  
5818 Glencove Dr, # 101  
CITY-ST-ZIP  
NAPLES, FL 34108

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000

Date

(941) 593-4814

Daytime Phone #

CEsar TAVARES

CR2E034 (9/99)