

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025933

1. Entity Name

DAN LASHEA INCORPORATED

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90143 019 ***150.00

Principal Place of Business
12914 HIGHWAY 27 S
CLERMONT, FL 34711

Mailing Address
12914 HIGHWAY 27 S
CLERMONT, FL 34711

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
City: Zip: Country:

4. FEI Number 22-3643776 **Applied For** ☐ **Not Applicable** ☐

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

6. Name and Address of Current Registered Agent
DANNY L. HARDY
12914 HIGHWAY 27 S
CLERMONT, FL 34711

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ **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	P DANNY L. HARDY ☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	12914 HIGHWAY 27 S	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	
TITLE	S ROBERT THRUSH ☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	919 ELLWOOD AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **4-28-00**
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____

CP25034 (9/99)