

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062453

1. Entity Name

LINEAGE MANAGEMENT COMPANY OF FLORIDA

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90121 009 ***150.00

Principal Place of Business

Mailing Address

8251 SW 27 AVE.
OCALA FL 34476

8251 SW 27 AVE.
OCALA FL 34476-6524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593588917

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

WINGFIELD, DAVID B
8251 SW 27 AVE.
OCALA FL 34476

Name

MARCIA WINGFIELD

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

8251 SW 27th AVENUE

City

OCALA

FL

Zip Code

34476

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

Marcia Wingfield, PRESIDENT

2/14/00

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~President~~ PRESIDENT / SIT
MARCIA WINGFIELD
8251 SW 27th AVE
OCALA, FL 34476

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

VICE-PRESIDENT
ROSEANNE WILSON
8251 SW 27th AVE
OCALA, FL 34476

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Marcia Wingfield MARCIA WINGFIELD

2/14/00

Date

352-257-9559

Daytime Phone #

CR2E034 (9/99)