

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V50030

1. Entity Name

LANCE ARRINGTON ASSOCIATES, INC.  
dba THE ARRINGTON GROUP

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90053 016 \*\*\*150.00

Principal Place of Business: 424 ANDERSON CT STE D ORLANDO FL 32801  
US 1041 PEBBLE BEACH CIRC E. WINTER SPRINGS, FL 32708-4233

Mailing Address: 424 ANDERSON CT STE D ORLANDO FL 32801-3531  
US 1041 PEBBLE BEACH CIRC E. WINTER SPRINGS, FL 32708-4233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-3135689  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ARRINGTON, LANCE  
424 ANDERSON CT STE D WINTER SPRINGS, FL 32708-4233  
ORLANDO FL 32801

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 Lance Arrington  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/7/2000

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	P	NAME	ARRINGTON, LANCE	STREET ADDRESS	424 ANDERSON CT STE C	CITY-ST-ZIP	ORLANDO FL	<input type="checkbox"/> Delete
TITLE	VPT	NAME	ARRINGTON, CAROL	STREET ADDRESS	424 ANDERSON CT STE C	CITY-ST-ZIP	ORLANDO FL	<input type="checkbox"/> Delete
TITLE	SVP	NAME	FOGOL, WAYNE A	STREET ADDRESS	424 ANDERSON CT STE C	CITY-ST-ZIP	ORLANDO FL	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	NAME	ARRINGTON, LANCE	STREET ADDRESS	1041 PEBBLE BEACH CIRC E. EAST	CITY-ST-ZIP	WINTER SPRINGS, FL 32708-4233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVP	NAME	ARRINGTON, CAROL	STREET ADDRESS	1041 PEBBLE BEACH CIRC E. EAST	CITY-ST-ZIP	WINTER SPRINGS, FL 32708-4233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVP	NAME	FOGOL, WAYNE A	STREET ADDRESS	1041 PEBBLE BEACH CIRC E. EAST	CITY-ST-ZIP	WINTER SPRINGS, FL 32708-4233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Lance Arrington  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)