

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-14-2000 90053 016 ***150.00

DOCUMENT # V50030

1. Entity Name
LANCE ARRINGTON ASSOCIATES, INC.
dba THE ARRINGTON GROUP

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 Circle East W WINTER SPRINGS, FL 32708-4233**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3135689		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ARRINGTON, LANCE - 1041 PEBBLE BEACH Circle East 424 ANDERSON CT STE D WINTER SPRINGS, FL 32708-4233 ORLANDO FL 32801				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 (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. **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	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRINGTON, LANCE		NAME	ARRINGTON, LANCE	
STREET ADDRESS	424 ANDERSON CT STE C		STREET ADDRESS	1041 PEBBLE BEACH CIRCLE EAST	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	WINTER SPRINGS, FL 32708-4233	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRINGTON, CAROL		NAME	ARRINGTON, CAROL	
STREET ADDRESS	424 ANDERSON CT STE C		STREET ADDRESS	1041 PEBBLE BEACH CIRCLE EAST	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	WINTER SPRINGS, FL 32708-4233	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGOL, WAYNE A		NAME	FOGOL, WAYNE	
STREET ADDRESS	424 ANDERSON CT STE C		STREET ADDRESS	1041 PEBBLE BEACH CIRCLE EAST	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	WINTER SPRINGS, FL 32708-4233	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 an officer like empowered.

SIGNATURE: Lance Arrington
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)