## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 334700** FLORIDA LANDMARK COMMUNITIES, INC. 02-01-2001 90003 039 \*\*\*150.00 Principal Place of Business Mailing Address 226 E. JOEL BLVD. 226 E. JOEL BLVD. LEHIGH ACRES FL 33972 LEHIGH ACRES FL 33972 DUULJJIZ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1024709 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLISON, JANET Street Address (P.O. Box Number is Not Acceptable) 226 E. JOEL BLVD. LEHIGH ACRES FL 33936 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete TITLE Change Addition WILLIAM I. LIVINGSTON NAME NAME STREET ADDRESS 226 E. JOEL BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LEHIGH ACRES FL 33972 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CRANDELL, DONNIE R NAME NAME STREET ADDRESS 226 E. JOEL BLVD. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZIP TITLE VD- --- ---Delete TITLE ☐ Change ☐ Addition HOLQUIST, LAURA A NAME NAME STREET ADDRESS 226 E. JOEL BLVD. STREET ADDRESS CITY-ST-ZIP **LEHIGH ACRES FL 33972** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition MORRIS, GREGORY M NAME NAME STREET ADDRESS 226 E. JOEL BLVD. STREET ADDRESS CITY-ST-ZIP **LEHIGH ACRES FL 33972** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ALLISON, JANET NAME 226 E. JOEL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LEHIGH ACRES FL 33972** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JOHN A. NATIELLO NAME 226 E. JOEL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN NATIELLO

01/23/01