## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am Secretary of State DOCUMENT # 421602 1. Entity Name 05-08-2002 90041 022 \*\*\*150.00 MID-FLORIDA LAND & TIMBER CORPORATION Principal Place of Business Mailing Address 214 NE 4TH STREET 214 NE 4TH STREET DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1458950 Not Applicable Zìp Country 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 KOCH, WILLIAM F., JR. Street Address (P.O. Box Number is Not Acceptable) 900 EAST ATLANTIC AVENUE **DELRAY BEACH FL 33444** City 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE KOCH, WILLIAM F JR. NAME NAME STREET ADDRESS STREET ADDRESS 900 E. ATLANTIC AVE #14 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL. Delete TITLE ☐ Change ☐ Addition **VD** STRAWN, JOEL T NAME STREET ADDRESS STREET ADDRESS 54 NE 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL** TITLE Delete - - = TITLE - : ☐ Change - ~ ☐ Addition-NAME GYWNN, WILLIAM E NAME STREET ADDRESS STREET ADDRESS 214 NE 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL** ☐ Delete ☐ Change ☐ Addition TITLE KOCH, WILLIAM F III NAME NAME STREET ADDRESS STREET ADDRESS 900 E ATLANTA AVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change Addition ☐ Delete TITLE TITLE NAME STROGAN, COLIN S NAME STREET ADDRESS STREET ADDRESS SEVEN ROTHESAY TERRACE CITY-ST-ZIP CITY-ST-7IP EDINBRUGH, SCOTLAND ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME LAWSON, PETER H NAME **IVERSEK HOUSE 1 ALDWAITCH** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONDON, ENGLAND 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

<u> SIGNATUZE PEDLY</u>

changed, or on an attachment with an address, with all other like empowered.

**FILED**