

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
 04-24-2000 90002 013 ***150.00

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CA# 106

1. Entity Name

LAN DEVELOPMENT COMPANY

14 APR 2000

Principal Place of Business

**520 ISLAND DR
 TARPON SPRINGS FL 34689
 US**

Mailing Address

**520 ISLAND DR
 TARPON SPRINGS FL 34689-3148
 US**

2. Principal Place of Business

3939 BLOOMING HILL LANE

Suite, Apt. #, etc.

3. Mailing Address

3939 BLOOMING HILL LANE

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip **34684**

Country **US**

City & State

PALM HARBOR, FL

Zip **34684**

Country **US**

4. FEI Number

59-1761338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MONA, MICHAEL P. N.
 3939 BLOOMING HILLS LANE
 PALM HARBOR FL FL 34684**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MONA, MICHAEL P N 520 ISLAND DR TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MONA, NELLY E. 520 ISLAND DR TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3939 BLOOMING HILL LANE PALM HARBOR, FL, 34684	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3939 BLOOMING HILL LANE PALM HARBOR, FL 34684	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: MICHAEL P. N. MONA

14 APR 2000 717-934-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)