## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K63274**

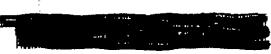
1. Entity Name



## **FILED** Jun 30, 2000 8:00 am Secretary of State

06-30-2000 90004 050 \*\*\*550.00

DAMRON'S LAND HOLDINGS	, INC.	
Principal Place of Business	Mailing Address	
4950 W HWY 486 HWY 486 CRYSTAL RIVER FL 34429 US	POST OFFICE BOX 2349 HWY 486 CRYSTAL RIVER FL 34423-2349	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_
City & State	City & State	_



2. Principal Pl	ace of Business	3. Mailing Address				1				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS S	PACE		
City & State	9	City & State		<b>4.</b> F	El Number	59-2928331		<del></del>	plied For t Applicable	
Zip 1 =	Country	Zip	Country	5. (	Certificate of S	Status Desired.		8.75 Add ee Required		
	6. Name and Address of Current F	Registered Agent		7. 1	lame and Ad	dress of New Ro	egistered A	gent		
			Name						- 1	
GASSMAN, ALAN S. 1245 COURT STREET			Street Add	Street Address (P.O. Box Number is Not Acceptable)						
	E 102									
CLEARWATER FL 34616			City	ty FL Zip Code					9	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or re	gistered age	ent, or both, ir	n the State of Flo	rida.			
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature	required when re	instating)		DATE		<del></del>	
		<del></del>			<u> </u>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to I			0 Fee will be \$550	Il be \$550.00 Trust Fund Contribution.					May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	AD	L	ANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE		1			☐ Change	Addition	
NAME	DAMRON, LEONARD A. III	L Delete	NAME					vg.		
STREET ADDRESS	P.O. BOX 2349, HWY 486		STREET ADDRESS		4					
CITY-ST-ZIP	CRYSTAL RIVER FL		CITY-ST-ZIP		1					
	OHIOTAL HIVEHITE	Delete	TITLE					☐ Change	Addition	
TITLE NAME		□ Delete	NAME					Onlings		
STREET ADDRESS			STREET ADDRESS		'				ì	
CITY-ST-ZIP			CITY-ST-ZIP		سيب الأسام مع			t.e		
***	್ರೀಪ್ರಾಪ್ಟ್ ಸ್ಟ್ರಾಪ್ಟ್ ಪ್ರಾಪ್ತಿ ಪ್ರಾಪ್ತ್ ಸ್ಟ್ರಾಪ್ಟ್ ಸ್ಟ್ರಾಪ್ಟ್ ಸ್ಟ್ರಾಪ್ಟ್ ಸ್ಟ್ರಾಪ್ಟ್ ಸ್ಟ್ರಾಪ್ಟ್ ಸ್ಟ್ರಾಪ್ಟ್ ಸ್ಟ	☐ Delete	TITLE					☐ Change	Addition	
TITLE NAME			NAME					change		
STREET ADDRESS			STREET ADDRESS						}	
CITY-ST-ZIP			CITY-ST-ZIP		4				}	
TITLE			TITLE		1			☐ Change	Addition	
NAME		□ Delete	NAME		1			onlinge		
STREET ADDRESS			STREET ADDRESS						ł	
CITY-ST-ZIP			CITY-ST-ZIP						ţ	
		☐ Delete	TITLE		· ·			☐ Change	Addition	
TITLE NAME		☐ Delete	NAME		!			change		
STREET ADDRESS			STREET ADDRESS						1	
CITY-ST-ZIP			CITY-ST-ZIP		•					
					1	·		☐ Change	Addition	
TITLE		☐ Delete	TITLE NAME		i			change		
NAME STREET ADDRESS			STREET ADDRESS		1					
CITY-ST-ZIP			CITY-ST-ZIP							
	ertify that the information supplied with	this filing does not qualify for t	Ji	t in Section	119 07(3)(i). E	Inrida Statutes 1	further cert	fy that the in	formation	
indicated	ertify that the information supplied with on this report or supplemental report is	true and accurate and that my	/ signature shall hav	e the same l	egal effect as	s if made under d	iath; that I ai	n an officer	or director (	

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

SIGNATURE: \_

6126100 Date