2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90210 041 ****61.25

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DOCUMENT # N00000000022

1. Entity Name

NORTH FLORIDA LAND TRUST, INC.

Principal Place of Business	Mailing Address
225 LAMPLIGHTER LANE PONTE VEDRA BEACH FL 32082	225 LAMPLIGHTER LANE PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4400 Marsh Landing BLVD.	4400 Marsh Landing BLVD.
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.: Suite 4
City & State: Ponte Vedra Beach, FL	City & State: Ponte Vedra Beach, FL
Zip: 32082 Country: USA	Zip: 32082 Country: USA

4. FEI Number 59-3609167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCQUILKIN, WILLIAM JR 225 LAMPLIGHTER LANE PONTE VEDRA BEACH FL 32082	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCQUILKIN, WILLIAM JR 2250 LAMPLIGHTER LANE PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" DIRECTOR LISA NASS 13151 Biggin Church RD. S. Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MEISZER, NICHOLAS 252 REDFISH CREEK DRIVE SAINT AUGUSTINE FL 32095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" DIRECTOR Lee E. HANNA 13570 MANDARIN Rd. Jacksonville, FL 32223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STRICKLAND, DAVID C/O 1ST ALLIANCE BANK 8100 NATIONS WAY JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" DIRECTOR MALCOLM KENNEDY P.O. Box 352585 Palm Coast, FL 32135-2585	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, CAREN 50 N LAURA, STE 2800 JACKSONVILLE FL 32202-3650	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" "T" G. THOMAS FRANKLAND CNB NATIONAL BANK 9715 GATE PARKWAY NORTH Jacksonville, FL 32223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, SARAH 2202 BISHOP ESTATES ROAD JACKSONVILLE FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, JODY 12641 N SHOAL CREEK LANE JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: William McQuilkin FILED WILLIAM McQUILKIN, JR. 3/15/01 (904) 280-4142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #