2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90364 010 ****61.25

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DOCUMENT # N00000000022

1. Entity Name

NORTH FLORIDA LAND TRUST, INC.

Principal Place of Business	Mailing Address
4400 MARSH LANDING BLVD SUITE 4 PONTE VEDRA BEACH FL 32082	4400 MARSH LANDING BLVD SUITE 4 PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	Dir + Sec. DAVID STRICKLAND c/o First Alliance Bank 8100 Nations Way Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NASS, LISA 13151 BIGGIN CHURCH RD S JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir. + Treas. G. Thomas Frankland CNB National Bank 9715 Gate Parkway N. Jacksonville, FL 32223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNA, LEE E 13570 MANDARIN RD JACKSONVILLE FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir. Bruce Paul Zavon 18 Ocean Drive St. Augustine, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, MALCOLM PO BOX 352585 PALM COAST FL 32135-2585	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir. Roseanne Duran 1851 Beach Ave. Atlantic Beach, FL 32233	☐ 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	Dir. Steve Gerrish 1 Alltel Stadium Jacksonville, FL 32202	☐ 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 (9/01)

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 all other like empowered.

SIGNATURE: William W. McQuilkin 3/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (ENTER OR DIRECTOR) Date