2000'UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P93000014887** May 02, 2000 8:00 am Secretary of State CONSOLIDATED-TOMOKA LAND CO. 05-02-2000 90126 044 ***158.75 Principal Place of Business Mailing Address 149-C S RIDGEWOOD AVE P O BOX 10809 DAYTONA BEACH FL 32120-0809 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0483700 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAGONI, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 149 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114 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. DATE 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, 2000 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 12. 11. ☐ Addition DP D/C Xx Change Delete TITLE ALLEN, BOB NAME NAME 149 S. RIDGEWOOD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME TEETERS, BRUCE W NAME STREET ADDRESS STREET ADDRESS 10 BROADRIVER RD CITY-ST-ZIP CITY-ST-ZIP ORMOND BCH FL ☐ Addition Delete TITLE ☐ Change apgar, Robert F NAME NAME STREET ADDRESS STREET ADDRESS 501 N MCDONALD AVE CITY-ST-ZIP CITY-ST-ZIP DELAND FL Change ☐ Addition ☐ Delete TITLE NAME LAGONI, PATRICIA NAME STREET ADDRESS STREET ADDRESS 131 MUIRFIELD CR CITY-ST-7IP CITY-ST-ZIP DAYTONA BCH FL Change Addition ☐ Delete TITLE TITLE

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.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

BENEDICT, JOSEPH I

NEW SMYRNA BCH FL

695 AIRPORT RD

CRISP, LINDA

217 SEMINOLE DR

ORMOND BCH FL

AS

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

904-255-7558

Change

Addition

PASO OO 14887 CONSOLIDATED-TOMOKA LAND CO. EIN # 59-0483700 DOCUMENT #P93000014887 (2)

12. Continued

7.1 7.2 7.3 7.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MCMUNN, WILLIAM H. 3 S. RAVENSFIELD LN. ORMOND BEACH FL 32174	Addition
8.1 8.2 8.3 8.4		CONTROLLER MOOTHART, GARY 3 BROADWATER DRIVE ORMOND BEACH FL 32174	
9.3	NAME STREET ADDRESS	D ADAMS, JOHN C. JR 1616 SOUTH PENINSULA DR DAYTONA BEACH FL 32118	
10.1 10.2 10.3 10.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, JACK H. 814 WATERMAN ROAD SOUTH JACKSONVILLE FL 32207	
11.1 11.2 11.3 11.4		D SKELTON, H. JAY 4310 PABLO OAKS CT JACKSONVILLE FL	Addition
		D HENRY, WILLIAM O.E. 985 HELEN CIRCLE BARTOW FL 32830	
13.1 13.2 13.3 13.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, ROBERT F. 6354 RIVER ROAD NEW SMYRNA BEACH, FL 3216	59
		D PETERSON, DAVID D. 800 HUMBOLDT AVENUE WINNETKA IL 60093	

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