## 2002 Uniform Business Report (UBR)

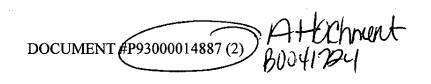
## Mar 13, 2002 8:00 am P93000014887 DOCUMENT # **Secretary of State** 1. Entity Name CONSOLIDATED-TOMOKA LAND CO. 03-13-2002 90149 028 \*\*\*158.75 Principal Place of Business Mailing Address 149-C S RIDGEWOOD AVE P O BOX 10809 DAYTONA BEACH FL 33120-0809 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business 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 Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent APGAR, ROBERT Street Address (P.O. Box Number is Not Acceptable) 149 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. D/C ☐ Addition CR2E034 (9/01 Change Ch TITLE Delete ALLEN, BOB NAME NAME 149 S. RIDGEWOOD AVENUE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete TEETERS, BRUCE W NAME NAME 10 BROADRIVER RD STREET ADDRESS STREET ADDRESS ORMOND BCH FL CITY-ST-ZIP CITY-ST-ZIP V/AS 😾 Change Addition Delete TITLE APGAR, ROBERT F NAME NAME 501 N MCDONALD AVE STREET ADDRESS STREET ADDRESS **DELAND FL** CITY-ST-ZIP CITY-ST-ZIP Addition Change **VS** TITLE X Delete TITLE LAGONI, PATRICIA NAME NAME 131 MUIRFIELD CR STREET ADDRESS STREET ADDRESS DAYTONA BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BENEDICT, JOSEPH I NAME NAME 695 AIRPORT RD STREET ADDRESS STREET ADDRESS NEW SMYRNA BCH FL CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE CRISP, LINDA NAME 217 SEMINOLE DR STREET ADDRESS STREET ADDRESS ORMOND BCH FL CITY-ST-ZIP CITY-ST-ZIP 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.

Linda Crisp, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## CONSOLIDATED-TOMOKA LAND CO. EIN # 59-0483700



## 12. Continued

12. TITLE

D/P MCMUNN, WILLIAM H. **NAME** 

STREET ADDRESS

3 S. RAVENSFIELD LN.

CITY-ST-ZIP

ORMOND BEACH FL 32174

TITLE

CONTROLLER MOOTHART, GARY

**NAME** 1304 MANDAN LANE STREET ADDRESS

CITY-ST-ZIP

ORMOND BEACH FL 32174

TITLE

D

ADAMS, JOHN C.- JR NAME

STREET ADDRESS

1616 SOUTH PENINSULA DR

CITY-ST-ZIP

DAYTONA BEACH FL 32118

TITLE

D

**NAME** 

VOGES, WILLIAM J.

STREET ADDRESS

275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174

CITY-ST-ZIP

D

TITLE NAME

SKELTON, H. JAY

STREET ADDRESS

4310 PABLO OAKS CT

CITY-ST-ZIP

JACKSONVILLE FL 32224

TITLE

D

NAME

HENRY, WILLIAM O.E.

STREET ADDRESS

200 S ORANGE AVE.STE 2600

CITY-ST-ZIP

ORLANDO FL 32802

TITLE

D

- NAME - -

LLOYD, ROBERT F.

STREET ADDRESS

6354 RIVER ROAD

CITY-ST-ZIP

NEW SMYRNA BEACH, FL 32169

TITLE

D

NAME

PETERSON, DAVID D.

STREET ADDRESS

800 HUMBOLDT AVENUE

CITY-ST-ZIP

WINNETKA IL 60093