## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000043160 May 08, 2000 8:00 am Secretary of State STUART LAND COMPANY, INC. 05-08-2000 90170 040 \*\*\*150.00 Principal Place of Business Mailing Address STUART FL 34995-0003 STUART FL 34996 🐒 🦂 GOOD DAY (1977 😁 🛷 1977) 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 65-0447013 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent: 6. Name and Address of Current Registered Agent Name CHAMBERLIN, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 227 SE PELICAN DR STUART FL 34996 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 □ Delete TIT! F POSTON, BRYAN A JR. NAME **5121 BURNING TREE CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 ☐ Change ☐ Addition TITLÉ ☐ Delete TITLE CHAMBERLIN, JEFFREY D NAME NAME STREET ADDRESS 227 SE PELICAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

3. 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.

**SIGNATURE:** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 561-220

Daytime Phone #