

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90128 033 \*\*\*150.00

DOCUMENT # **P93000043160**

1. Entity Name  
**STUART LAND COMPANY, INC.**

Principal Place of Business

**2400 SE MONTEREY RD  
 302  
 STUART FL 34996  
 US**

Mailing Address

**P O BOX 3  
 STUART FL 34996  
 US**

**00009668**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2504 SE Willoughby Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Stuart, FL**

City & State

4. FEI Number **65-0447013**

Applied For  
 Not Applicable

Zip  
**34994**

Country  
**USA**

Zip

Country

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

**CHAMBERLIN, JEFFREY D  
 227 SE PELICAN DR  
 STUART FL 34996**

Name **Jeffrey D. Chamberlin**

Street Address (P.O. Box Number is Not Acceptable)  
**461 SW Pine Tree Lane**

City **Palm City** **FL** Zip Code **34990**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D POSTON, BRYAN A JR.**  
 STREET ADDRESS **5121 BURNING TREE CIRCLE**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D CHAMBERLIN, JEFFREY D**  
 STREET ADDRESS **227 SE PELICAN DRIVE**  
 CITY-ST-ZIP **STUART FL 34996**

TITLE  Change  Addition  
 NAME **Jeffrey D. Chamberlin**  
 STREET ADDRESS **461 SW Pine Tree Lane**  
 CITY-ST-ZIP **Palm City, FL 34990**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE: **Jeffrey D. Chamberlin**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/01** **561-220-4096**  
 Date Daytime Phone #

CR2E034 (10/00)