## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **P96000021622** 1. Entity Name FLORIDA CAPITAL LAND CORPORATION 04-17-2001 90037 002 \*\*\*150.00 Principal Place of Business Mailing Address 250 INTERNATIONAL PARKWAY 250 INTERNATIONAL PARKWAY ..งงอบ05ก SUITE 150 **SUITE 150** HEATHROW FL 32746 HEATHROW FL 32746 2. Principal Place of Business 3. Mailing Address 300 International Pky. 300 International Pky. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 130 Suite 130 City & State City & State 4. FEI Number Applied For 59-3381828 Heathrow, FL Not Applicable Heathrow, FL Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32746 USA 32746 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Selby, C. Thomas SELBY, C. THOMAS Street Address (P.O. Box Number is Not Acceptable) 250 INTERNATIONAL PARKWAY 300 International Pky. **SUITE 150** Suite 130 **HEATHROW FL 32746** Ci Heathrow Zip Code 32746 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) 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, 2001 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 11.1 12. CR2E034 (10/00) **★** Change ☐ Addition TITLE ☐ Delete TITLE SELBY, C. THOMAS C. Thomas Selby NAME NAME 300 International Pky., Ste. STREET ADDRESS STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 150 130 CITY-ST-ZIP CITY ST-ZIP **HEATHROW FL 32746** Heathrow, FL 32746 Change TITLÉ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP I hereby certify that the information supplied with this filling 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 in the 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 empoyered to secure his 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR