

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90008 033 \*\*\*550.00

**DOCUMENT # P96000034829**

1. Entity Name  
**CONFEDERATE LANDING, INC.**

Principal Place of Business      Mailing Address  
 243 KIRKLAND RD                      P O BOX 2071  
 NEW SMYRNA BCH FL 34667          NEW SMYRNA BCH FL 32170  
 US    US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip    Country                              Zip    Country

4. FEI Number      **39-3376324**      Applied For  
 Not Applicable

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

**OWEN B LOVEJOY**  
**245 KIRKLAND RD**  
**NEW SMYRNA BCH FL 32169**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    **FL**      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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 *Pres*       Delete  
 NAME **OWEN B LOVEJOY DDS**  
 STREET ADDRESS **P O BOX 2071 N/A**  
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32170**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE *Pres*       Delete  
 NAME **LOVEJOY, OWEN B**  
 STREET ADDRESS **4040 COMMERCIAL WAY**  
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE *Sec*       Delete  
 NAME *James H Sherman*  
 STREET ADDRESS *1411 Brandy Shoals Dr*  
 CITY-ST-ZIP *CONYERS GA 30013*

TITLE *Sec*       Change       Addition  
 NAME *James H Sherman*  
 STREET ADDRESS *1411 Brandy Shoals Dr*  
 CITY-ST-ZIP *CONYERS GA 30013*

TITLE *Tres*       Delete  
 NAME *Jawet L Sherman*  
 STREET ADDRESS *1411 Brandy Shoals Dr*  
 CITY-ST-ZIP *CONYERS GA 30013*

TITLE       Change       Addition  
 NAME *Jawet L Sherman*  
 STREET ADDRESS *1411 Brandy Shoals Dr*  
 CITY-ST-ZIP *CONYERS GA 30013*

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: *[Signature]*      SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-7-2000*      *770-918-9914*  
 Date      Daytime Phone #

CR2E034 15/001