2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90066 017 ***150.00

B0020634

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000032022

1. Entity Name
LANDMARK FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
~~225 WATER STREET~~ ~~SUITE 2050~~ JACKSONVILLE FL 32202	P.O. BOX 551125 JACKSONVILLE FL 32255

2. Principal Place of Business		3. Mailing Address	
One Independent Drive			
Suite, Apt. #, etc. Suite 2000		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32202	Country Duval	Zip	Country

4. FEI Number 59-3510540 ☐ 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
STONEBURNER, GRESHAM R ~~225 WATER STREET~~ ~~SUITE 2050~~ JACKSONVILLE FL 32202	Name Gresham Stoneburner Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite 2000 City Jacksonville FL Zip Code 32202

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] Address change Only
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	D BAJALIA, GEORGE A P.O. BOX 551125 (NA) JACKSONVILLE FL 32255	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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], President, Director 3/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #