

2000 UNIFORM BUSINESS REPORT (UBR)

4/3/

FILED
May 09, 2000 8:00 am
Secretary of State

04-03-2000 90196 004 ***150.00

DOCUMENT # P99000007944

1. Entity Name

PALM COAST LAND COMPANY

Principal Place of Business

2127 10TH AVENUE
 VERO BEACH FL 32960

Mailing Address

2127 10TH AVENUE
 VERO BEACH FL 32960-5307

2. Principal Place of Business
 1875 Tarpon Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip
 32960

Country
 US

4. FEI Number
 65-0893435

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLOCK, SAMUEL A
 2127 10TH AVENUE
 VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name
Christopher H. Marine
 Street Address (P.O. Box Number is Not Acceptable)
Gould, Cooksey, Fennell, O'Neill, Marine
979 Beachland Blvd.
 City **Vero Beach, FL** Zip Code **32963**

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]
 Signature, typed or printed name of registered agent and title if applicable.

Christopher H. Marine

(NOTE: Registered Agent signature required when reinstating)

3/24/00
 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, 2000 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	SPD BAUER, DAVID C	<input type="checkbox"/> Delete	TITLE NAME	SPD Bauer, David C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2127 10TH AVENUE		STREET ADDRESS	1875 Tarpon Lane	
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE NAME	DT FALB, MARK C	<input type="checkbox"/> Delete	TITLE NAME	DT Falb, Mark C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2127 10TH AVENUE		STREET ADDRESS	1875 Tarpon Lane	
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]
David C. Bauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 319-589-1205

Date Daytime Phone #

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