

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000533

1. Entity Name

REVIVAL OF EAST SLAVIC LAND, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90903 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11701 WATER BLUFF DR. EAST  
JACKSONVILLE FL 32218

11701 WATER BLUFF DR. EAST  
JACKSONVILLE FL 32218-2160

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

59-3218149

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

MALLOY, TWINKLE  
11701 WATER BLUFF DR. EAST  
JACKSONVILLE FL 32218

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MANNING, DEERING  
STREET ADDRESS 1134 BLANDING BLVD  
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME MALLOY, TWINKLE  
STREET ADDRESS 11701 WATER BLUFF DR. E.  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM ☐ Delete  
NAME SATTLER, MARK  
STREET ADDRESS 14003 N.MAIN ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME COLBERG, TOM  
STREET ADDRESS 1134 BLANDING BLVD  
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM ☐ Delete  
NAME LIGON, BILL T  
STREET ADDRESS 811 OCEAN BLVD  
CITY-ST-ZIP ST SIMON ISLAND GA 31522

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Tom Colberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

904-751-0932

Daytime Phone #

CR2E037 (9/99)