

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90167 016 ***150.00

DOCUMENT #701000023484

1. Entity Name

SEGRAVES LAND COMPANY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

204 PHIPPS PLAZA

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH, FL

City & State

4. FEI Number

165-1099946

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENT HUFFMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

223 SUNSET AVENUE

SUITE 260

City

PALM BEACH

FL

Zip Code

33480

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

KENT HUFFMAN

8/26/02

(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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/S/D
PATRICK SEGRAVES
204 PHIPPS PLAZA
PALM BEACH, FL 33480

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK SEGRAVES, 8/26/02

Date

(561) 655-1116

Daytime Phone #

CR2E034B (12/01)

Attachment

KENT HUFFMAN
ATTORNEY AT LAW
223 SUNSET AVENUE SUITE 260
PALM BEACH, FLORIDA 33480

TELEPHONE (561) 833-5833
TELECOPIER (561) 835-0855

P0100023484

August 26, 2002

Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

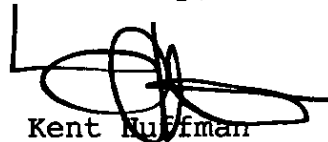
Re: SEGRAVES LAND COMPANY, INC.

Dear Sirs:

Accompanying this letter you will find the 2002 UNIFORM BUSINESS REPORT of the above referenced corporation, and a check in the amount of \$150.00, payable to the Secretary of State to cover your fee for this filing.

I am the registered agent for this company, and I did not receive the annual report form for this company from your office. No earlier correspondence from your office reached me at this address, nor did it reach the company at it's office.

Sincerely,



Kent Huffman

KH/mac