

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 184515

1. Entity Name

FIVE POINTS LAND CO., INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90122 026 \*\*\*150.00

Principal Place of Business

Mailing Address

300 4TH ST N  
P.O. BOX 1261  
ST PETERSBURG FL 33731

300 4TH ST N  
P.O. BOX 1261  
ST PETERSBURG FL 33731-1261

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

59-0870600

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

BOND, WILLIAM  
800 34TH AVE N  
ST PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name: *William Bond*  
Street Address (P.O. Box Number is Not Acceptable): *300 - 4th St N*  
City: *St. Petersburg, Fla.* FL Zip Code: *33731*

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

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: PD  
NAME: BOND, WILLIAM  
STREET ADDRESS: 800 34TH AVE NORTH  
CITY-ST-ZIP: ST PETERSBURG FL ☐ Delete

TITLE: *President & Secretary*  
NAME: *William Bond*  
STREET ADDRESS: *800 - 34th Ave N*  
CITY-ST-ZIP: *St. Petersburg Fla.* ☐ Change ☐ Addition

TITLE: *D*  
NAME: BOND, SAMUEL F  
STREET ADDRESS: 300 4TH ST N  
CITY-ST-ZIP: ST PETERSBURG FL ☐ Delete

TITLE: *Exec Pres*  
NAME: *300 - 4th St N*  
STREET ADDRESS: *St. Petersburg, Fla.* ☐ Change ☐ Addition

TITLE: *D*  
NAME: *BOND JR, NIN U*  
STREET ADDRESS: *750 34th Ave N*  
CITY-ST-ZIP: *ST PETERSBURG FL* ☒ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

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:

*William Bond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-6-00 727 894-5583*

CR2E034 (9/99)