

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 230479

1. Entity Name

LANDRUM-YAEGER AND ASSOCIATES, INC.

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

03-09-2000 90096 043 ***150.00

Principal Place of Business

Mailing Address

3375-B CAPITAL CIRCLE NE
P.O. BOX 14099
TALLAHASSEE FL 32308

3375-B CAPITAL CIRCLE NE
P.O. BOX 14099
TALLAHASSEE FL 32308-3778

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 59-0897124

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

7. Name and Address of New Registered Agent

LANDRUM, R GARY
3375-B CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

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

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 P ☐ Delete
NAME VAN LANDINGHAM, WILLIAM
STREET ADDRESS RT. 4 BOX 1359
CITY-ST-ZIP QUINCY FL

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

TITLE C ☐ Delete
NAME LANDRUM, R. GARY
STREET ADDRESS 3815 BOBBIN MILL RD.
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VP ☐ Delete
NAME CAMPBELL, JR. B
STREET ADDRESS 6004 OXBOTTOM MANOR DRIVE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VP ☐ Delete
NAME JAY, E. SCOTT
STREET ADDRESS 570 MEADOW RIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE ST ☐ Delete
NAME HUGHES, JAMES W.
STREET ADDRESS RT. 3, BOX 3806
CITY-ST-ZIP HAVANA FL

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)