2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # 278380** 1. Entity Name STURGIS LAND DEVELOPMENT CO 04-09-2001 90025 021 ***150.00 Principal Place of Business Mailing Address 4645 US #1 4645 US #1 P O BOX 2559 P O BOX 2559 VERO BEACH FL 32961 VERO BEACH FL 32961 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1088456 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STURGIS.JACK D Street Address 2900 20 STR VERO BEACH FL 32960 ered office or registered agent, or both, in the State of Florida. 8. The above names SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PD ☐ Delete TITLE STURGIS, JACK D NAME 9953312 NAME STREET ADDRESS 2900-20 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **VERO BEACH FL** TITLE TITLE ☐ Delete NAME REDISH, MARY S NAME STREET ADDRESS STREET ADDRESS 1625 51 COURT CITY_ST-7IP CITY-ST-ZIP VERO BEACH FL Addition TITLE TITLE Delete STURGIS.JOSEPHINE S NAME NAME STREET ADDRESS STREET ADDRESS 2900-20 STREET CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

Oelete

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

E OF SIGNING OFFICER O

☐ Addition

☐ Change