

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 296595

1. Entity Name

FLORIDA HENDRY LAND, INC.

Principal Place of Business

RT. 1, BOX 472 (INDIAN HILLS DR.)
MOORE HAVEN FL 33471

Mailing Address

RT. 1, BOX 472 (INDIAN HILLS DR.)
MOORE HAVEN FL 33471
US

2. Principal Place of Business

4380 Indian Hills Dr
Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOORE HAVEN

City & State

MOORE HAVEN

Zip

33471

Country

FLADES

Zip

33471

Country

FLADES

4. FEI Number

59-1202102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCHEFORT, LAWRENCE P
777 S FLAGLER DR
PHILLIPS POINT E STE 900
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD
NAME HENDRY, JOEL B
STREET ADDRESS RT. 1, BOX 472
CITY-ST-ZIP MOORE HAVEN FL 33471 ☐ Delete

TITLE ST
NAME LAZZARI, AGUSTA
STREET ADDRESS RT. 1, BOX 472
CITY-ST-ZIP MOORE HAVEN FL 33471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 22 01 863 673 8954
Date Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90129 035 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)