

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90029 030 \*\*\*150.00

**DOCUMENT # 311219**

1. Entity Name

**SEBRING LAND AND SALES CORPORATION**

Principal Place of Business

Mailing Address

P.O. BOX 20868  
 RIO PIEDRAS. PUERTO RICO 00928  
 PR

P.O. BOX 20868  
 RIO PIEDRAS. PUERTO RICO 00928-0868  
 PR

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1237192**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LIVINGSTON, JAMES L**  
**445 SOUTH COMMERCE AVENUE**  
**SEBRING FL 33870**

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MONTILLA-ROJO, CECI</b>
STREET ADDRESS	<b>ROAD 19, INTERSECTION 2</b>
CITY-ST-ZIP	<b>PUEBLO VIEJO, GUAYNABO 00966</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>TORRES - CARMEN</b>
STREET ADDRESS	<b>METRO OFFICE PARK #303</b>
CITY-ST-ZIP	<b>TEXACO PLAZA GU 00968</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>ROJO-PRENDES, BEATRIZ</b>
STREET ADDRESS	<b>7346 SW 57TH AVE</b>
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>ROJO, RAFAEL</b>
STREET ADDRESS	<b>ROAD 19, INTERSECTION 2</b>
CITY-ST-ZIP	<b>PUEBLO VIEJO, GUAYNABO 00966</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

*[Handwritten Signature]*  
 1/14/00

Date

Daytime Phone #

CR2E034 (9/99)