

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90728 004 ***150.00

DOCUMENT # 385724

1. Entity Name
SANTA ROSA COUNTY LAND COMPANY, INC.



Principal Place of Business
4883 GLOVER LANE
P.O. BOX 894
MILTON FL 32572

Mailing Address
4883 GLOVER LANE
P.O. BOX 894
MILTON FL 32572

2. Principal Place of Business

3. Mailing Address

4883 Glover Lane

P.O. Box 894

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Milton, Florida

City & State
Milton, Florida

4. FEI Number **59-1366495**

Applied For
Not Applicable

Zip **32570**

Country

Zip **32572**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLO, WILLIAM R
4350 COACHMAN ROAD
MILTON FL 32583

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make/Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ROLLO, WILLIAM R**
STREET ADDRESS **4350 COACHMAN ROAD**
CITY-ST-ZIP **MILTON FL 32583**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

William R. Rollo

SIGNATURE *[Signature]* **REQUIRED** **04/09/03** **(850) 623-0116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)