

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 426257

1. Entity Name

VALUE LAND INC

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90244 001 \*\*\*150.00

0071087

Principal Place of Business  
8842 GAYLORD ST  
ORLANDO FL 32819  
US

Mailing Address  
8842 GAYLORD ST  
ORLANDO FL 32819  
US

00016350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number 59-1461209  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CAREY, ROBERT M  
2803 AUTUMN GREEN DR  
ORLANDO FL 32822

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CAREY, ROBERT M	2803 AUTUMN GREEN DR	ORLANDO FL 32822	
DS	BARNEY, J.	108 SATSUMA DRIVE	ALTAMONTE SPGS FL	
TD	YOKOMOTO, ROBERT-K.	8842 GAYLORD ST	ORLANDO FL	
D	COTTRELL, DONALD F	7921 CLUBHOUSE ESTATES DR	ORLANDO FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: ROBERT K. YOKOMOTO RK Yokomoto 2/8/01 407 876 2459  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)