

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **429999**

1. Entity Name

LANDVEST OF FLORIDA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90253 008 ***150.00

Principal Place of Business

**1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207
US**

Mailing Address

**1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207
US**

2. Principal Place of Business

6215 Wilson Blvd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7779
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL 32210

Zip Country

City & State
Jacksonville, FL 32238

Zip Country

4. FE Number **59-1497612**

Applied for
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURPEE A.L. JR.
1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6215 Wilson Blvd.

City
Jacksonville

Zip Code
32210

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 (Applicable)

(NOTE: Registered Agent signature required when re-registering)

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-STATE-ZIP	PD TOWERS JR, C D 1300 RIVERPLACE BLVD, SUITE 610 JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD LYERLY, JEAN B. 1300 RIVERPLACE BLVD., SUITE 610 JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD LYLE, M.L. 1300 RIVERPLACE BLVD., SUITE 610 JACKSONVILLE FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BURPEE, JR., A.L. 1300 RIVERPLACE BLVD. SUITE 610 JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V JAMES, H.R. SR. 1300 RIVERPLACE BLVD., SUITE 610 JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VAS BRANNEN, WILLIAM M. 1300 RIVERPLACE BLVD., SUITE 610 JACKSONVILLE FL ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 1301 Riverplace Blvd. Suite 1500 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 6215 Wilson Blvd. Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition DVS Velta Sorrell 1301 Riverplace Blvd. Suite 1500 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 6215 Wilson Blvd. Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 6215 Wilson Blvd. Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 6215 Wilson Blvd. Jacksonville, FL 32210

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

A.L. Burpee, Jr.

A.L. Burpee, Jr.

4/12/01

904/778-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (10/00)