

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90160 012 ***150.00

DOCUMENT # 429999

1. Entity Name

Landvest of Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6215 Wilson Blvd.3. Mailing Address
P.O. Box 7779

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FLCity & State
Jacksonville, FL4. FEI Number
59-1497612Applied For
Not ApplicableZip
32210Country
DuvalZip
32238Country
Duval5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Burpee, A.L. Jr.

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

6215 Wilson Blvd.

City Jacksonville FL 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 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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PD Towers, Jr., C.D. 1301 Riverplace Blvd. Ste 1500 Jacksonville, FL 32207
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lyerly, Jean B. 6215 Wilson Blvd. Jacksonville, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Velta Sorrell 1301 Riverplace Blvd. Ste 1500 Jacksonville, FL 32207
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Burpee, Jr., A.L. 6215 Wilson Blvd. Jacksonville, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V James, H.R. 6215 Wilson Blvd. Jacksonville, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Brannen, William M. 6215 Wilson Blvd. Jacksonville, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.D. Towers, Jr. 4-24-02 904/778-1887

Date

Daytime Phone #

CR2E034B (12/01)