

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90015 009 ***150.00

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DOCUMENT # 438929

1. Entity Name
DIXIELAND, INC.

Principal Place of Business
720 LAKE BLUE DRIVE
LAKE PLACID FL 33852

Mailing Address
720 LAKE BLUE DRIVE
LAKE PLACID FL 33852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
720 LAKE BLUE DRIVE
 Suite, Apt. #, etc.
ENCLOSED CAR PORT.

3. Mailing Address
you have it
 Suite, Apt. #, etc.

City & State
LAKE PLACID, FLACID

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

TOMPKINS, JAMES E
107 E INTERLAKE BLVD
LAKE PLACID FL 33852

*new over past years
 this has been president
 for last two years*

7. Name and Address of New Registered Agent

Name *you have it*
 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 *Oliver J. Stephens*

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, 2002 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 **PD**
 NAME **STEPHENS, O.J.** *STILL LEGAL* ☐ Delete
 STREET ADDRESS **720 LAKE BLUE DR.**
 CITY-ST-ZIP **LAKE PLACID FL**

TITLE *I am a member* ☐ Delete
 NAME *of the Local Area Board*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *Before Service O.J.S.* ☐ Delete
 NAME *Stephens, O.J.*
 STREET ADDRESS *Combat Engineers*
 CITY-ST-ZIP *Fort Belvoir, Va it was*

TITLE *O.J. STEPHENS* ☐ Delete
 NAME *After Commission it*
 STREET ADDRESS *Became Major Oliver John*
 CITY-ST-ZIP

TITLE *"Note the check!"* ☐ Delete
 NAME *A.K.A. O.J.S.*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *Member of the Society* ☐ Delete
 NAME *American military Engineers*
 STREET ADDRESS *ASH GOV. BUSA*
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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: *Oliver J. Stephens*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 *863-465-3361*
 Date Daytime Phone #

CR2E034 (9/01)