

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90014 038 ***150.00

DOCUMENT # 448967

1. Entity Name

LAND PROGRAMS, INC.

Principal Place of Business

2613 26TH CT.
 JUPITER, FL 33477

Mailing Address

2613 26TH CT.
 JUPITER FL 33477-9356

NEW ADDRESS

Richard J. Wagon seller
 2713 27th Court
 Jupiter, FL 33477

NEW ADDRESS

Richard J. Wagon seller
 2713 27th Court
 Jupiter, FL 33477



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-1520697	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGONSELLER, RICHARD
2613 26TH COURT
JUPITER FL 33477

NEW ADDRESS
 Richard J. Wagon seller
 2713 27th Court
 Jupiter, FL 33477

Name

address (P.O. Box Number is Not Acceptable)

FL Zip Code

8. The above named entity submits this: _____ 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

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND

NEW ADDRESS
 Richard J. Wagon seller
 2713 27th Court
 Jupiter, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WAGONSELLER, RICHARD J. 2613 26TH CT. JUPITER FL 33477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYER, FREDRICK J. 881 ROXBAUGH AVE EAST-LANSING MI 48822	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)