

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 26 PM 2:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # 504238

1. Entity Name
THE LANDIS GROUP INCORPORATED



Principal Place of Business
4800 RIVERSIDE DR.
PALM BEACH GARDENS FL 33410

Mailing Address
4800 RIVERSIDE DR.
BLDG. 500 A
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1671631

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

7. Name and Address of New Registered Agent

LANDIS, STEPHEN
4800 RIVERSIDE DR.
STE 200
PALM BEACH GARDENS FL 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME LANDIS, STEPHEN
STREET ADDRESS 19923 WILKINSON LEAS RD
CITY-ST-ZIP TEQUESTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS 03/05/03--01014--006 **350.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MP
NAME POSTEN, ROBERT
STREET ADDRESS 2810 BIARRITZ DR
CITY-ST-ZIP PALM BCH GDNS FL ☐ Delete

TITLE
NAME
STREET ADDRESS 300013536293
CITY-ST-ZIP 03/05/03--01014--006 **350.00 ☐ Change ☐ Addition

TITLE V
NAME COLESON, CHARLES K
STREET ADDRESS 4800 RIVERSIDE DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES K COLESON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/03

561-630-9500

CR2E034 (10/02)