2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 599093 Apr 05, 2001 8:00 am 1. Entity Name **Secretary of State** DILAND CORPORATION 04-05-2001 90016 036 \*\*\*150.00 Principal Place of Business Mailing Address AUU42965 Principal Place of Business 3. Mailing Address Go Landsman Development Corp To Landsman Development log. DO NOT WRITE IN THIS SPACE 3 Townline Circle 4. FEI Number Applied For 59-1639665 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gerald B. Fincke 300 N. Attantic Buenue Street Address (P.O. Box Number is Not Day tona Beach, FL 32118 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. Gerald B. Pon Jk e Signature, typed or printed name of registered agent and title 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 -🗔 Trust Fund Contribution. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. VIDTITLE V/D Addition TITLE ☐ Delete Diamond, Fradore 6417 san Michel Way Dramond Fradore war NAME NAME STREET ADDRESS STREET ADDRESS Delray Beach, = 4 33484 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Landsman, Elliott Landrman, Elliot NAME NAME 3 Town line Circle Tour line Circle STREET ADDRESS STREET ADDRESS Rochester, NY 14623 Rochaster NY 14623 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Fincke, Gerald 300 N. Atlantic Avenue Day tona Beach, FL 32118 Fincke Gerald Avenue NAME NAME STREET ADDRESS STREET ADDRESS Daxtona Beach FL 32118 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE McNeil, Gordon 770 Linden Avenue McNelly Gordon 170 Linder Avenue Rochester, NY 14625 NAME NAME STREET ADDRESS STREET ADDRESS Rochesta, NY 14625 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 SUSTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT DATA MANCH 27, 200/ SIGNATURE: