

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90141 044 ***150.00

DOCUMENT # 637414

1. Entity Name

EVANS LAND COMPANY

Principal Place of Business

2957 W. STATE RD. 434, SUITE 300
P.O. BOX 915182
LONGWOOD FL 32791

Mailing Address

P. O. BOX 915182
P.O. BOX 915182
LONGWOOD FL 32791
US

2. Principal Place of Business

3. Mailing Address

PO Box 1685

PO Box 1685

New Smyrna Beach, FL 32170-1685

New Smyrna Beach, FL 32170-1685

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-1937898

Applied For

Not Applicable

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

OSWALD, KENNETH F., ESQ.
600 COURTLAND STREET, S-110
ORLANDO FL 32804

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.

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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **EVANS, LAURA M**
CITY-ST-ZIP **2957 W SR 434 STE 300**
LONGWOOD FL

TITLE ☐ Change ☐ Addition
NAME **PO Box 1685**
STREET ADDRESS **New Smyrna Beach, FL 32170-1685**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **EVANS, JERRY C.**
CITY-ST-ZIP **2957 W SR 434 STE 300**
LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition
NAME **PO Box 1685**
STREET ADDRESS **New Smyrna Beach, FL 32170-1685**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2002 386/423-8884
Date Daytime Phone #

CR2E034 (9/01)