## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 652597** May 08, 2000 8:00 am 1. Entity Name PLANTATION LAND & CATTLE CORP. Secretary of State 05-08-2000 90127 008 \*\*\*150.00 Principal Place of Business Mailing Address 4290 OLD KINGS RD HC-1 BOX 53-H BUNNELL FL 32110-9715 BUNNELL FL 32110 US 2. Principal Place of Business 4290 OID Kings Rd So. 3. Mailing Address 4290 OID Kings Ed. SO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Boach FL. Applied For 4. FEI Number 59-1977975 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32-136 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANCE, GEORGE Street Address (P.O. Box Number is Not Acceptable) **OLD KINGS ROAD** BUNNELL, FLA 32110 Zin Code 32/36 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Delete TITLE 3800 OID Mings Rdiso DANCE, M GEORGE NAME NAME STREET ADDRESS STREET ADDRESS OLD KINGS STAR RT BX 53H Elaglen Beach Fh. 32136 CITY-ST-7IP CITY-ST-ZIP BUNNELL, FL 32010 ☐ Delete TITLE TITLE DANCE, NANCY H NAME 3800 OIDKings RLSO Flaylen Beach Fh32136 STREET ADDRESS OLD KINGS STAR RT BX 53H STREET ADDRESS CITY ST. 7/P CITY-ST-ZIP BUNNELL, FL 32010 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 pose 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 order same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or pose empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR