

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91008 025 ***158.75

DOCUMENT # 687531

1. Entity Name

MANASOTA LAND DEVELOPMENT AND CONSTRUCTION CORPO

Principal Place of Business

2960 S. MCCALL ROAD, SUITE 203
~~P.O. BOX B-12~~
 ENGLEWOOD FL 34224

Mailing Address

2960 S. MCCALL ROAD, SUITE 203
~~P.O. BOX B-12~~
 ENGLEWOOD FL 34224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

~~DELETE PO BOX B-12~~

Suite, Apt. #, etc.

~~DELETE PO BOX B-12~~

City & State

City & State

4. FEI Number **59-2067616**

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

MCLENNON, THOMAS P
1861 PLAOWA RD
SUITE 205
ENGLEWOOD FL 34223

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, 2001 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 **PD** ☐ Delete
 NAME **HARTLAND, FREDERICK G**
 STREET ADDRESS **7615 MANASOTA KEY RD.**
 CITY-ST-ZIP **ENGLEWOOD, FL 00000**

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

TITLE **SD** ☐ Delete
 NAME **HARTLAND, CAROLYN A**
 STREET ADDRESS **7615 MANASOTA KEY RD.**
 CITY-ST-ZIP **ENGLEWOOD, FL 00000**

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

TITLE **V** ☐ Delete
 NAME **ILLINGWORTH, IAN P**
 STREET ADDRESS **4310 MANFIELD DR.**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☒ Change ☐ Addition
 NAME **ILLINGWORTH, IAN P**
 STREET ADDRESS **2303 COLUSA LANE**
 CITY-ST-ZIP **VALRICO FLORIDA 33594**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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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:

Carolyn A Hartland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN A HARTLAND

April 25 2001 (941) 474-0718

Date

Daytime Phone #

CR2E034 (10/00)