

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90026 012 \*\*\*150.00

**DOCUMENT # 696557**

1. Entity Name

**CO-OPERATIVE LAND, INC.**

Principal Place of Business

**9601 MICCOSUKEE RD #23A  
TALLAHASSEE FL 33208**

Mailing Address

**9601 MICCOSUKEE RD #23A  
TALLAHASSEE FL 33208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2165368**

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

**GREEN AND FONVIELLE, P.A.  
1017 THOMASVILLE ROAD  
TALLAHASSEE FL 32303**

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

T  
NAME TERRELL, JANE ☒ Delete  
STREET ADDRESS 9601 MICCOSUKEE RD 58  
CITY-ST-ZIP TALLAHASSEE FL 32308

T  
NAME McCluskey, Bonnie ☒ Change ☒ Addition  
STREET ADDRESS 9601 Miccosukee Rd. #72  
CITY-ST-ZIP Tallahassee, FL 32309

P  
NAME LYONS, JIM ☒ Delete  
STREET ADDRESS 9601 MICCOSUKEE RD 55  
CITY-ST-ZIP TALLAHASSEE FL 32308

Kelley, Rose ☐ Change ☒ Addition  
STREET ADDRESS 9601 Miccosukee Rd. #47  
CITY-ST-ZIP Tallahassee, FL 32309

D  
NAME RYCHLIK, SARAH ☐ Delete  
STREET ADDRESS 9601 MICCOSUKEE RD #68  
CITY-ST-ZIP TALLAHASSEE FL

SD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
NAME KELLOGG, KATHY ☒ Delete  
STREET ADDRESS 9601 MICCOSUKEE RD #48  
CITY-ST-ZIP TALLAHASSEE FL

D  
NAME Lyons, Judith ☐ Change ☒ Addition  
STREET ADDRESS 9601 Miccosukee Rd. #56  
CITY-ST-ZIP Tallahassee, FL 32309

D  
NAME DEATON, ED ☒ Delete  
STREET ADDRESS 9601 MICCOSUKEE RD  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

SD  
NAME HOWARD, PRESTON ☒ Delete  
STREET ADDRESS 9601 MICCOSUKEE RD #43  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ 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:

*Rose Kelley*  
**Rose Kelley**

3-10-02 (850) 4889881  
Date Daytime Phone #

CR2E034 (9/01)