

DOCUMENT # 837013

1. Entity Name
LANDS INCORPORATED OF RHINELANDER

Principal Place of Business

5126 SO GALVIN TR
FLORAL CITY FL 34436-2107
US

Mailing Address

5126 SO GALVIN TR
FLORAL CITY FL 34436-2107
US

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 39-1173030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, FLORENCE B.
5126 SO GALVIN TR.
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	FOX, FLORENCE B.	5126 SO GALVIN TR.	FLORAL CITY FL	
D	FOX, FLORENCE B.	5126 SO GALVIN TR	FLORAL CITY FL	
SD	MILLER, ROBERT G.	412 HIGHLAND	WEST CHICAGO IL	
VSD	MILLER, ROBERT G	412 HIGHLAND	W CHICAGO IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	MILLER, ROBERT G.	500 FARGO BLVD.	GENEVA, ILL 61034	<input checked="" type="checkbox"/>	
VSD	MILLER, ROBERT G.	500 FARGO BLVD.	GENEVA, ILL 61034	<input checked="" type="checkbox"/>	

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: Florence B. Fox, PRES TREAS.

Jan 4, 2001

(352)726-7054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90025 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)