

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90084 038 ***150.00

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

5126 So Galvin Terr

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Floral City, Fl 34436

Zip

34436

Country

Citrus

City & State

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, 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

TITLE **PT** ☐ Delete
 NAME **FOX, FLORENCE B.**
 STREET ADDRESS **5126 SO GALVIN TR.**
 CITY-ST-ZIP **FLORAL CITY FL**

TITLE **D** ☐ Delete
 NAME **FOX, FLORENCE B.**
 STREET ADDRESS **5126 SO GALVIN TR**
 CITY-ST-ZIP **FLORAL CITY FL**

TITLE **SD** ☐ Delete
 NAME **MILLER, ROBERT G.**
 STREET ADDRESS **500 FARGO BLVD**
 CITY-ST-ZIP **GENEVA IL 61034**

TITLE **VSD** ☐ Delete
 NAME **MILLER, ROBERT G**
 STREET ADDRESS **500 FARGO BLVD.**
 CITY-ST-ZIP **GENEVA IL 61034**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Change ☐ Addition
 NAME **FOX FLORENCE B.**
 STREET ADDRESS **5126 SO GALVIN TERR**
 CITY-ST-ZIP **FLORAL CITY, FL**

TITLE ☐ Change ☐ Addition
 NAME **FOX, FLORENCE B.**
 STREET ADDRESS **5126 SO GALVIN TR.**
 CITY-ST-ZIP **FLORAL CITY, FL**

TITLE ☐ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **MILLER, ROBERT G.**
 CITY-ST-ZIP **500 FARGO BLVD, GENEVA, IL 61034**

TITLE ☐ Change ☐ Addition
 NAME **VSD**
 STREET ADDRESS **MILLER, ROBERT G.**
 CITY-ST-ZIP **500 FARGO BLVD.**
GENEVA, IL 61034

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED
FOX FLORENCE B

JAN 7, 2002

Date

Daytime Phone #

CR2E034 (9/01)