

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849604

1. Entity Name

INDEPENDENCE LAND AND CAPITAL, INC.

Principal Place of Business

4000 129TH STREET W
CORTEZ FL 34215
US

Mailing Address

96 CUMMINGS POINT ROAD
STAMFORD CT 06902
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMERSLEY, PHILIP N. E
1819 MAIN STREET
SUITE 610
SARASOTA FL 34236

Name

Robert Lord

Street Address (P.O. Box Number is Not Acceptable)

160 International Parkway

Suite 180

City

Heathrow

FL

Zip Code
32746

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 Robert E. Lord

7-28-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | DVT | <input checked="" type="checkbox"/> Delete |
| NAME | THUNG, ROY T.K. | |
| STREET ADDRESS | 44 BALMORAL CRESCENT | |
| CITY-ST-ZIP | WHITE PLAINS NY | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | LAPIN, STEVEN B. | |
| STREET ADDRESS | 23 BARNES ROAD, WEST | |
| CITY-ST-ZIP | STAMFORD CT | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | KETTIG, DAVID T. | |
| STREET ADDRESS | 10 BYRON LANE | |
| CITY-ST-ZIP | LARCHMONT NY | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | NETTER, EDWARD | |
| STREET ADDRESS | 77 WINDING LN | |
| CITY-ST-ZIP | GREENWICH CT | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THUNG, ROY T.K. | |
| STREET ADDRESS | 44 BALMORAL CRESCENT | |
| CITY-ST-ZIP | WHITE PLAINS NY | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HERBERT, TERESANA. | |
| STREET ADDRESS | 112 N. HAMPTON DRIVE | |
| CITY-ST-ZIP | WHITE PLAINS NY | |
| TITLE | DVS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KETTIG, DAVID T. | |
| STREET ADDRESS | 10 BYRON LANE | |
| CITY-ST-ZIP | LARCHMONT NY | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NETTER, EDWARD | |
| STREET ADDRESS | 77 WINDING LANE | |
| CITY-ST-ZIP | GREENWICH CT | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHLIER, BRIAN R. | |
| STREET ADDRESS | 12 PURDY STATION ROAD | |
| CITY-ST-ZIP | NEWTON CT | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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, which is in the name of the corporation.

SIGNATURE:

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

7/31/00

Date

203-358-8000

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90008 024 ***550.00

CR2E034 (5/00)