

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-10-2001 90116 024 ****55.00
 07-23-2001 90003 017 ***495.00

DOCUMENT # F00000000628
 1. Entity Name
WATERLAND MANAGEMENT COMPANY

Principal Place of Business
5450 CAMINO REAL LANE
VERO BEACH FL 32967

Mailing Address
5450 CAMINO REAL LANE
VERO BEACH FL 32967

2. Principal Place of Business
5470 CAMINO REAL
 Suite, Apt. #, etc.

3. Mailing Address
5470 CAMINO REAL
 Suite, Apt. #, etc.

City & State
VERO BEACH, FL 32967

City & State
VERO BEACH, FL
 Zip
32967

DO NOT WRITE IN THIS SPACE
64-0904688
 4. FEI Number
06-1289127
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SULLIVAN JR, WILLIAM H
5450 CAMINO REAL LANE
VERO BEACH FL 32967

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. ☐
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD SULLIVAN, WILLIAM H 5450 CAMINO REAL LANE VERO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SULLIVAN, WILLIAM H JR 5470 CAMINO REAL VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLSON, HUNTER M 710 MAIN STREET COLUMBUS MS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, ALEXANDRA 5470 CAMINO REAL VERO BEACH, FL 32967
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 507, 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] **7/5/2001** **561-978-0028**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone