

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F08944**

1. Entity Name

I.T.H. LAND COMPANY

Principal Place of Business

Mailing Address

**4265 CENTRAL AVE.
ST PETERSBURG FL 33713****4265 CENTRAL AVE.
ST PETERSBURG FL 33713-8230**

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

59-2246354

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

**BECK, CHARLES E. H.
4265 CENTRAL AVE.
ST. PETERSBURG FL 33713**

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, 2000 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HIERONYMUS, INEZ T.	
STREET ADDRESS	6650 31ST WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIERONYMUS, INEZ T.	
STREET ADDRESS	1843 Crozier Street	
CITY-ST-ZIP	Madison, IN 47250	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BECK, CHARLES E H	
STREET ADDRESS	1656 MANOR WAY S.	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COMFORT, ANNA B.	
STREET ADDRESS	4868 SKYTOP DR.	
CITY-ST-ZIP	EMMAUS PA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	RIVERS, BETTY	
STREET ADDRESS	1843 CROZIER ST.	
CITY-ST-ZIP	MADISON IN	

TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, Betty	
STREET ADDRESS	1843 Crozier Avenue	
CITY-ST-ZIP	Madison, IN 47250	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

Charles E. H. Beck**Secretary****1-10-00****727/327-1883****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #