

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90012 033 ***150.00

DOCUMENT # F12077

1. Entity Name

ELAND DEVELOPMENT, INC. OF FORT MYERS

Principal Place of Business

**12734 KENWOOD LN #85
 FT MYERS FL 33907
 US**

Mailing Address

**P.O. BOX 60111
 FT MYERS FL 33906
 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 **59-2055457**

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

**ELAND, ALAN C.
 12734 KENWOOD LN #85
 FT MYERS FL 33907**

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 **Alan Eland, President**

X

01/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CEO**
 STREET ADDRESS **ELAND, CHARLES**
 CITY-ST-ZIP **8763 S LAKE CIR
 FT MYERS FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7882 CAMERON CIRCLE**
 CITY-ST-ZIP **33912-5663**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **ELAND, ALAN C.**
 CITY-ST-ZIP **12580 STRATHMORE LOOP
 FT MYERS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 authority like empowered.

SIGNATURE:

ALAN ELAND, PRESIDENT

01/19/01 (941) 939-5005

Date

Daytime Phone #

CR2E034 (10/00)