

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66514

1. Entity Name

LAND SPAN, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90004 007 \*\*\*150.00

Principal Place of Business

Mailing Address

1958 NE MONROE DR  
ATLANTA GA 30324  
US

BOX 1738  
ATLANTA GA 30301-1738

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 **59-2172757**

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

BURCH, WALTER  
1144 W GRIFFIN RD  
LAKELAND FL 33805

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	DC	<input type="checkbox"/> Delete
NAME	WATKINS, W.B., IV	
STREET ADDRESS	1144 W GRIFFIN RD	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	READY, GEORGE	
STREET ADDRESS	1958 MONROE DR NE	
CITY-ST-ZIP	ATLANTA, GA 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	REED, ROGER D	
STREET ADDRESS	1144 W GRIFFIN RD	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREEMAN, WILLIAM A.	
STREET ADDRESS	1946 NE MONROE DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, JOHN F.	
STREET ADDRESS	1144 WEST GRIFFIN ROAD	
CITY-ST-ZIP	LAKELAND, FL 33804	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC./TREAS. 4-13-00 404-872-3841

Date

Daytime Phone #

CR2E034 (9/99)