

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000172

1. Entity Name

LANDDESIGN, INC.

Principal Place of Business

1701 EAST BLVD
CHARLOTTE NC 28203
US

Mailing Address

P.O. BOX 11938
CHARLOTTE NC 28220-1938

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1304246
7602942

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

KUHLMAN, KEITH
777 SOUTH HARBOURISLAND BLVD
SUITE 980
TAMPA FL 33602

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	PT	<input type="checkbox"/> Delete
NAME	BEST, LARRY W	
STREET ADDRESS	YOUNGS ROAD	
CITY-ST-ZIP	SOUTHERN PINES NC 28237	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DAVIS, BRADLEY W	
STREET ADDRESS	2720 PICARDY PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28209	
TITLE	V	<input type="checkbox"/> Delete
NAME	CROWLEY, PETER R	
STREET ADDRESS	155 WEST NELSON AVENUE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	KISER, DWIGHT	
STREET ADDRESS	103 CENTURY OAK DR	
CITY-ST-ZIP	FRANKLIN TN 39069	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWEITZER, EDWARD	
STREET ADDRESS	5227 CRESSINGHAM COURT	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORDAN, STEPHEN M	
STREET ADDRESS	8 WEST WYATT AVE	
CITY-ST-ZIP	ALEXANDRIA VA	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David R. Taylor	
STREET ADDRESS	21201 Senlac Lane	
CITY-ST-ZIP	Cornelius, NC 28031	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DATE Co Stewart	
STREET ADDRESS	12615 Wild Lilac Ct.	
CITY-ST-ZIP	Nuntersville NC 28078	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond Wagh	
STREET ADDRESS	5205 Birkham Wood Trail	
CITY-ST-ZIP	Greensboro, NC 27407	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David W. Dedeker	
STREET ADDRESS	1809 Tanner Court	
CITY-ST-ZIP	Spring Hill TN 37174	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN A. Kocot	
STREET ADDRESS	252 Ferguson Drive	
CITY-ST-ZIP	Asheville, NC 28806	
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

Date

Daytime Phone #

CR2E034 (9/99)