2001 UNIFORM BUSINESS REPORT (UBR)

May 31, 2001 8:00 am Secretary of State DOCUMENT # F98000003576 05-31-2001 90006 016 ***150.00 TWENTIETH CENTURY LAND CORPORATION Principal Place of Business Mailing Address POST OFFICE BOX 6749 POST OFFICE BOX 6749 00057249 COLUMBUS GA 31917 COLUMBUS GA 31917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-0944033 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324 Zip Code City FL 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, DATE (NOTE: F egistered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 200 | Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change Addition CR2E034 (10/00) TITLE Deleta HEARD, WILLIAM T NAME NAME 200 BROOKSTONE CENTRE PARKWAY, SUITE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS GA 31904 CITY-ST-ZIP ☐ Change Addition ☐ Dalete TITLE TITLE FELDNER, RONALD A NAME NAME 200 BROOKSTONE CENTRE PARKWAY, SUITE 205 STREET ADORESS STREET ADDRESS CITY-ST-2IP COLUMBUS GA 31904 CITY-ST-ZIP ☐ Chance Addition TITLE **X** Delete TITLE Vice-President ALLEN, CLIFTON NAME NAME Young, Richard, M. STREET ADDRESS 200 BROOKSTONE CENTRE PARKWAY, SUITE 205 STREET ADDRESS 200 Brookstone Centre Pkwy, Suite 205 CITY-ST-ZIP COLUMBUS GA 31904 CITY-ST-7IP Columbus, GA 31904 Addition TITL E Change = TITLE ☐ Daiate NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 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 the 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 employees 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 a statistic part with employees. with all other like empy 4-19-01 706-323-1111 SIGNATURE Ronald A.Feldner, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE! OR DIRECTOR Dayrimo Phone