

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90436 018 ***158.75

DOCUMENT # F99000002976

1. Entity Name

AMERICAN LAND LEASE, INC.

Principal Place of Business

Mailing Address

**3410 SOUTH GALENA STREET, SUITE 210
 DENVER CO 80231**

**3410 SOUTH GALENA STREET, SUITE 210
 DENVER CO 80231**

2. Principal Place of Business

2637 McCormick Drive

3. Mailing Address

2637 McCormick Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Clearwater, FL

Clearwater, FL

4. FEI Number **84-1500244**

Applied For

Not Applicable

City & State

33759 USA

City & State

33759 USA

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 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	CD	<input type="checkbox"/> Delete
NAME	CONSIDINE, TERRY	
STREET ADDRESS	3410 SOUTH GALENA STREET, SUITE 210	
CITY-ST-ZIP	DENVER CO 80231	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	RHODES, THOMAS L	
STREET ADDRESS	3410 SOUTH GALENA STREET, SUITE 210	
CITY-ST-ZIP	DENVER CO 80231	
TITLE	PCOD	<input type="checkbox"/> Delete
NAME	MOORE, BRUCE E	
STREET ADDRESS	3410 SOUTH GALENA STREET, SUITE 210	
CITY-ST-ZIP	DENVER CO 80231	
TITLE	VPTS	<input checked="" type="checkbox"/> Delete
NAME	BECKER, DAVID M	
STREET ADDRESS	3410 SOUTH GALENA STREET, SUITE 210	
CITY-ST-ZIP	DENVER CO 80231	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	SCHOTT ARMSTRONG, DIANE	
STREET ADDRESS	3410 SOUTH GALENA STREET, SUITE 210	
CITY-ST-ZIP	DENVER CO 80231	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	OWEN, LORRI J	
STREET ADDRESS	3410 SOUTH GALENA STREET, SUITE 210	
CITY-ST-ZIP	DENVER CO 80231	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2637 McCormick Drive	
STREET ADDRESS	Clearwater, FL 33759	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2637 McCormick Drive	
STREET ADDRESS	Clearwater, FL 33759	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Shannon E.	
STREET ADDRESS	2637 McCormick Drive	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blatz, Robert	
STREET ADDRESS	2637 McCormick Drive	
CITY-ST-ZIP	Clearwater, FL 33759	
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

3/8/01 722-726-8868 x27
 Date Daytime Phone #

CR2E034 (10/00)