

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003482

1. Entity Name
LANDMAR MANAGEMENT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90042 044 ***150.00

Principal Place of Business Mailing Address
10161 CENTURION PARKWAY, NORTH 10161 CENTURION PARKWAY, NORTH
SUITE 190 SUITE 190
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-0586

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 **APPLIED FOR**
56-2153540 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMON, BERT C
1660 PRUDENTIAL DRIVE, SUITE 203
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
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 _____ (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

TITLE	CP	<input type="checkbox"/> Delete
NAME	BURR, EDWARD E	
STREET ADDRESS	10161 CENTURION PARKWAY, NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	WV	<input type="checkbox"/> Delete
NAME	WEBB, H. THOMAS III	
STREET ADDRESS	400 SOUTH TRYON STREET, SUITE 1300	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, ARTHUR W	
STREET ADDRESS	400 SOUTH TRYON STREET, SUITE 1300	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCGEE, R. WAYNE	
STREET ADDRESS	400 SOUTH TRYON STREET, SUITE 1300	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10161 CENTURION PARKWAY NORTH, SUITE 190	
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSTLETHWAITE, ROGER F.	
STREET ADDRESS	10161 CENTURION PARKWAY NORTH, SUITE 190	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARBONARA, JOSEPH M.	
STREET ADDRESS	10161 CENTURION PARKWAY NORTH, SUITE 190	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	ASST. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, BERT C.	
STREET ADDRESS	1660 PRUDENTIAL DRIVE, SUITE 203	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
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: EDWARD E. BURR DATE: 4/26/00 (904) 998-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-1034 (9/99)