

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90339 027 \*\*\*150.00

0038455

**DOCUMENT # G14162**

1. Entity Name  
**VAN LANDINGHAM, DURSCHER & VAN LANDINGHAM, INC.**

Principal Place of Business 15 SE FIRST AVE., SUITE B GAINESVILLE FL 32601	Mailing Address 15 SE FIRST AVE., SUITE B GAINESVILLE FL 32601
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UUU29824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>201 SE 2nd Avenue</b>	3. Mailing Address <b>201 SE 2nd Avenue</b>
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Suite, Apt. #, etc. <b>Suite 203</b>	Suite, Apt. #, etc. <b>Suite 203</b>
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City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>
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4. FEI Number <b>59-2266753</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>32601</b>	Country <b>Alachua</b>	Zip <b>32601</b>	Country <b>Alachua</b>
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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**

**DURSCHER, LYNN M**  
**15 SE 1 AVE**  
**STE B**  
**GAINESVILLE FL 32601**

Name
Street Address (P.O. Box Number is Not Acceptable) <b>201 SE 2nd Avenue</b>
<b>Suite 203</b>
City <b>Gainesville</b> FL Zip Code <b>32601</b>

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 *Lynn M. Durscher* *Lynn M. Durscher Pres/Treas* *3-27-01*  
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 NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>DURSCHER, LYNN</b>
CITY-ST-ZIP	<b>15 SE FIRST AVE. STE B</b> <b>GAINESVILLE FL</b>

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>201 SE 2nd Ave, Suite 203</b>
CITY-ST-ZIP	<b>Gainesville, FL 32601</b>

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>DVS</b>
CITY-ST-ZIP	<b>VAN LANDINGHAM, CYNTHIA L</b> <b>15 SE FIRST AVE. STE B</b> <b>GAINESVILLE FL</b>

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>201 SE 2nd Ave., Suite 203</b>
CITY-ST-ZIP	<b>Gainesville, FL 32601</b>

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lynn M. Durscher, Pres./Treas.* *Lynn M. Durscher* *(352) 371-1537*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)