

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2000 08:00 AM

Secretary of State

DOCUMENT # G19649

1. Entity Name  
CENTENNIAL LAND COMPANY

Principal Place of Business

400 E SOUTH ST #500

ORLANDO  
32801

FL

Mailing Address

400 E SOUTH ST #500

ORLANDO  
32801

FL

2. Principal Place of Business

450 S. ORANGE AVENUE

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number

59-2268610

Applied For

Not Applicable

Zip  
32801

Country

Zip  
32801

Country

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

BOURNE, ROBERT A

400 E SOUTH ST #500

ORLANDO  
32801

FL

US

Name

BOURNE ROBERT A

Street Address (P.O. Box Number is Not Acceptable)

450 S. ORANGE AVENUE

City

ORLANDO

FL

Zip Code  
32801

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 **ROBERT A. BOURNE**

01/19/2000

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 S ☐ Delete  
NAME ROSE LYNN E  
STREET ADDRESS 400 EAST SOUTH STREET, STE. 500  
CITY-ST-ZIP ORLANDO FL

TITLE S ☒ Change ☐ Addition  
NAME ROSE LYNN E  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801

TITLE VD ☐ Delete  
NAME BOYD SCOTT  
STREET ADDRESS 400 EAST SOUTH STREET, STE. 500  
CITY-ST-ZIP ORLANDO FL

TITLE VD ☒ Change ☐ Addition  
NAME BOYD SCOTT  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801

TITLE PTD ☐ Delete  
NAME BOURNE ROBERT A  
STREET ADDRESS 400 EAST SOUTH STREET, STE. 500  
CITY-ST-ZIP ORLANDO FL

TITLE PTD ☒ Change ☐ Addition  
NAME BOURNE ROBERT A  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801

TITLE DCCE ☐ Delete  
NAME SENEFF JAMES MJR.  
STREET ADDRESS 400 EAST SOUTH STREET, STE. 500  
CITY-ST-ZIP ORLANDO FL

TITLE DCCE ☒ Change ☐ Addition  
NAME SENEFF JAMES MJR.  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: LYNN E. ROSE

01/19/2000