

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G28341

1. Entity Name

LANDMARK FIDELITY CORP.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90010 011 \*\*\*150.00

Principal Place of Business

Mailing Address

5340 N ATLANTIC AVE  
 COCOA BEACH FL 32931

P.O. BOX 204  
 CAPE CANAVERAL FL 32920-0204

2. Principal Place of Business

3. Mailing Address

3960 S. Banana River Blvd. 7310 Beechwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL 32931

City & State

Springfield, VA

4. FEI Number

59-2389432

Applied For

Not Applicable

Zip

32931

Country

Brevard

Zip

22153

Country

Fairfax

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

HADGE, JEANNE A.  
 5340 NORTH ATLANTIC AVENUE  
 COCOA BEACH FL 32931

Name

GARY RUNYAN

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

3960 South Banana River Blvd.

City

Cocoa Beach

FL

Zip Code  
 32931

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, 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 ☐ Delete  
 NAME DP  
 STREET ADDRESS HADGE, JEANNE A  
 CITY-ST-ZIP ~~5340 NORTH ATLANTIC AVENUE~~  
~~CAPE CANAVERAL FL~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 7310 Beechwood Drive  
 CITY-ST-ZIP Springfield, VA 22153

TITLE ☐ Delete  
 NAME ST  
 STREET ADDRESS HADGE, NADINE A  
 CITY-ST-ZIP 7310 BEECHWOOD DRIVE  
 SPRINGFIELD VA

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00

CR2E034 (9/99)