2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G83557 May 08, 2000 8:00 am Secretary of State 1. Entity Name G & S LAND DEVELOPMENT COMPANY, INC. 05-08-2000 90065 021 ***150.00 Principal Place of Business Mailing Address 1980 S SUNCOAST BLVD 20495 BEALS CHAPEL RD HOMOSASSA FL 34448 LENOIR CITY TN 37772-3869 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2380702 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Name STERCHI, GEORGE L Street Address (P.O. Box Number is Not Acceptable) 1980 S SUNCOAST BLVD. HOMOSASSA FL 34448 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE Delete TITLE ☐ Change STERCHI, GEORGE L NAME NAME STREET ADDRESS 20495 BEALS CHAPEL RD STREET ADDRESS CITY-ST-ZIP LENOIR CITY TN CITY-ST-ZIP STD ☐ Delete ☐ Change Addition TITLE TITLE STERCHI, GAIL G NAME NAME 20495 BEALS CHAPEL RD STREET ADDRESS STREET ADDRESS **LENOIR CITY TN 37772** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true 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 a eorge L. Steneni

SIGNATURE: