

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90004 007 ***150.00

DOCUMENT #

1. Entity Name

1703068

Landers-Atkins Planners, Inc.



Principal Place of Business

Mailing Address

201 N. Hogan St.
Suite #400
Jacksonville, FL 32202

201 N. Hogan St.
Suite #400
Jacksonville, FL
32202

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

59-2384249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00067023

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Randal C. Fairbanks
217 Ponte Vedra Park Dr.
Suite #200
Ponte Vedra Beach, FL 32082

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

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	Landers, Howard	201 N. Hogan St. Suite #400	Jacksonville, FL 32202	<input checked="" type="checkbox"/>
DVT	Atkins, Thomas	201 N. Hogan St. Suite #400	Jacksonville, FL 32202	<input type="checkbox"/>
DV	Worsham, Carol C.	201 N. Hogan St. Suite #400	Jacksonville, FL 32202	<input type="checkbox"/>
DV	Ehardt, Joseph J.	201 N. Hogan St. Suite #400	Jacksonville, FL 32202	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
D/P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/T				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

06-26-00 904-354-8064

CR2E034 (9/99)