

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H14398

1. Entity Name

LANDATA, INC. OF FLORIDA

FILED

00 SEP 27 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6304 BENJAMIN RD
STE 514
TAMPA FL 33634
US

Mailing Address

6304 BENJAMIN RD
STE 514
TAMPA FL 33634
US

2. Principal Place of Business

3. Mailing Address

5730 Northwest Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

City & State

City & State

San Antonio TX

4. FEI Number

59-2446552

Applied For

Not Applicable

Zip

Country

Zip

Country

78245

USA

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

YEAGER, THOMAS J., ESQ.
1645 PALM BEACH LAKES BLVD.
STE. 1200
W. PALM BEACH FL 33402

Name

WARREN, MARTIN L.

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

6304 Benjamin Rd.

Suite 505

City

TAMPA

FL

Zip Code

33634

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

Martin L. Warren

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☒ Delete
NAME HICKMAN, HAROLD E
STREET ADDRESS 3401 CYPRESS STREET
CITY-ST-ZIP TAMPA FL

TITLE D ☒ Change ☒ Addition
NAME LEE, DONALD
STREET ADDRESS 7742 Oakhill Pk
CITY-ST-ZIP San Antonio, TX 78249

TITLE V ☒ Delete
NAME ROBERTS, LAURA L.
STREET ADDRESS 7304 BENJAMIN RD
CITY-ST-ZIP TAMPA FL

TITLE DV ☒ Change ☒ Addition
NAME White, Roxanne
STREET ADDRESS 5730 NW Parkway
CITY-ST-ZIP San Antonio TX 78249

TITLE T ☒ Delete
NAME MARTEL, ALBERT E
STREET ADDRESS 6304 BENJAMIN RD
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME 900003417723
STREET ADDRESS -10/06/00--01129--023
CITY-ST-ZIP *****558.75 *****558.75

TITLE DP ☒ Delete
NAME CARABELLO, JAMES
STREET ADDRESS 6304 BENJAMIN RD
CITY-ST-ZIP TAMPA FL

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

TITLE D ☒ Delete
NAME YEAGER, THOMAS J.
STREET ADDRESS 1645 PALM BCH LAKES BLVD
CITY-ST-ZIP W PALM BCH FL

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:

Roxanne White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

710 877 7023

Date

Daytime Phone #