## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT # H62692**

1. Entity Name

Principal Place of Business

SIGNATURE:

LANDINGS BY-THE SEA, INC.

STE 101 POMPANO BEACH FL 33060 US		404 E. ATLANTIC BLVD. STE 101 POMPANO BEACH FL 33060-6258 US  3. Mailing Address  Suite, Apt. #, etc.								
						DO NOT WRITE IN THIS SPACE				
City & State	)	City & State		4. FEI Number 59-254976			Applied For Not Applicable		}	
Zíp	Country	Zip Coun		у	<b>5</b> . C	Certificate of Status Desired	S8.75 Additional Fee Required			-
	6. Name and Address of Current R	tegistered Agent			7. N	lame and Address of New Reg	istered Ag	ent		1
			Ţ	Name						
ROS 404				ss (P.O. Bo	ox Number is Not Acceptable)					
STE										
POM	PANO BEACH FL 33060						FL	Zip Cod	le	
O The shows	named entity submits this statement for	the purpose of changing its	registere	d office or regi	stered age	ent, or both, in the State of Florid	da.	L.—		1
o. The above	Harried entity submits this statement for	the purpose or analiging to	, 10g,010101	2 011100 U. 10g.						
SIGNATURE .										
SIGNATORE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered	Agent signature req	uired when rei	instating)	DATE			1
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St				10. Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	•	AD	DITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	S IN 11	1_
TITLE	Р	☐ Delete	TITLE		<del></del>			☐ Change	☐ Addition	0
NAME	VONEIDA, NANCY W.		NAME							
STREET ADDRESS .	2921 N.E. 55TH ST.			T ADDRESS						5
CITY-ST-ZIP	FT. LAUDERDALE FL			ST-ZIP				☐ Change	Addition	<b>-</b>   ջ
TITLE	D VONCIDA DAVID	☐ Delete	TITLE NAME				ļ		☐ Addition	`
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CITY-ST-ZIP					<del></del>			Change	Addition	1
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NAME				T ADDRESS						
STREET ADDRESS				ST-ZIP						

13. I hereby certify that the information supplied with this filling 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.

CODAVID VONEIDA.

**FILED** 

Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90032 044 \*\*\*150.00