

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H65605

1. Entity Name

LANDMARK COMMUNITIES 52, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-22-2002 90184 019 ***150.00

Principal Place of Business

121 N. OSCEOLA AVENUE
 CLEARWATER FL 33755-4039

Mailing Address

121 N. OSCEOLA AVENUE
 CLEARWATER FL 34615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17757 US 19 North
 Suite, Apt. #, etc.
 Suite 275

3. Mailing Address

17757 US 19 North
 Suite, Apt. #, etc.
 Suite 275

City & State
 Clearwater, FL

City & State
 Clearwater, FL

Zip
 33764

Country
 USA

Zip
 33764

Country
 USA

4. FEI Number
 59-2557748

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROWN, ROBERT G.
 121 N. OSCEOLA AVE.
 SUITE 301
 CLEARWATER FL 33755-4039

7. Name and Address of New Registered Agent

Name
 Lee E. Arnold, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
 17757 US 19 North
 Suite 275
 City
 Clearwater FL Zip Code
 33764

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

Lee E. Arnold, Jr.

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/10/02
 429-02

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, 2002 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

TITLE	PD	☐ Delete
NAME	BROWN, JARED D.	
STREET ADDRESS	121 N. OSCEOLA AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	☐ Delete
NAME	SIMS, MONTE C.	
STREET ADDRESS	121 N. OSCEOLA AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ Delete
NAME	BROWN, HERBERT G.	
STREET ADDRESS	121 N. OSCEOLA AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	☐ Delete
NAME	BROWN, ROBERT G.	
STREET ADDRESS	121 N. OSCEOLA AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	☐ Delete
NAME	ARNOLD, LEE E.	
STREET ADDRESS	121 N. OSCEOLA AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	Jared Brown	
STREET ADDRESS	17757 US Hwy 19 N, Suite 325	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	VD	☒ Change ☐ Addition
NAME	Monte Sims	
STREET ADDRESS	17757 US Hwy 19 N Suite 325	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	D	☒ Change ☐ Addition
NAME	Herbert G. Brown	
STREET ADDRESS	17757 US Hwy 19 N Suite 325	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	TD	☒ Change ☐ Addition
NAME	Robert G. Brown	
STREET ADDRESS	17757 US Hwy 19 N Suite 325	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	SD	☒ Change ☐ Addition
NAME	Lee E. Arnold, Jr.	
STREET ADDRESS	17757 US 19 North Suite 275	
CITY-ST-ZIP	Clearwater, FL 33764	
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

429-02

727-442-7184

Date

Daytime Phone #

CR2034 (9/01)