

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90081 039 ***150.00

DOCUMENT # H77824

1. Entity Name
LANDERS & PARSONS, P.A.



Principal Place of Business
**310 W. COLLEGE AVENUE
P.O. BOX 271
TALLAHASSEE FL 32302-0271**

Mailing Address
**310 W. COLLEGE AVENUE
P.O. BOX 271
TALLAHASSEE FL 32302-0271**

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 **59-2581204**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PARSONS, PHILIP S.
310 E. COLLEGE AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANDERS, JOSEPH W., JR.	
STREET ADDRESS	5009 BRILL PT RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAVIA, JOHN T III	
STREET ADDRESS	1503 LEE AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WRIGHT, ROBERT SCHEFFE	
STREET ADDRESS	3686 DWIGHT DAVIS DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARSONS, PHILIP S.	
STREET ADDRESS	2086 W. FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCORMACK, FRED	
STREET ADDRESS	6075 MILLER LANDING COVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEE, DAVID S	
STREET ADDRESS	234 N ROSEHILL DR	
CITY-ST-ZIP	TALLAHASSEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

Philip Parsons
Philip Parsons

1/24/03

80-64

Date

Daytime Phone #

CR2E034 (10/02)