

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H80002

1. Entity Name

LARRY LANDIS CONSTRUCTION, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90129 021 \*\*\*150.00

Principal Place of Business

Mailing Address

1000 NE 4TH ST  
FT LAUDERDALE FL 33301  
US

1000 NE 4TH ST  
FT LAUDERDALE FL 33301-7229  
US

2. Principal Place of Business

3. Mailing Address

2433 Vespero Street  
Suite, Apt. #, etc.

2433 Vespero Street  
Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

DELTONA FL

4. FEI Number

59-2592931

Applied For

Not Applicable

Zip

32738

Country

Zip

32738

Country

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

LANDIS, LARRY G.

1000 N.E. 4 ST.

FT. LAUDERDALE FL 33301

Name

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

2433 Vespero Street

City

DELTONA

FL

Zip Code

32738

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

*Larry Landis*

LARRY LANDIS

3/30/00

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. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANDIS, LARRY	
STREET ADDRESS	1000 N.E. 4TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE-FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2433 Vespero Street	
CITY-ST-ZIP	DELTONA FL 32738	
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		

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:

*Larry Landis*

3/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #