

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20928

1. Entity Name

SOUTHERN LAND COMPANY OF CENTRAL FLORIDA

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90799 027 ***158.75

Principal Place of Business

P.O. BOX 161375

ALTAMONTE SPRINGS FL 32716-1375

Mailing Address

P.O. BOX 161375

ALTAMONTE SPRINGS FL 32716-1375

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 59-2708852

Applied For

Not Applicable

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

GARNER, JEFFREY M.
~~1560 HANDLEMAN DR~~
~~OVIDO FL 32765~~

Name

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

808 TOLEDO DR.,

City ALTAMONTE SPRINGS FL

Zip Code 32714

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

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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 PDS
NAME GARNER, JEFFREY
STREET ADDRESS 1560 HANDLEMAN DR
CITY-ST-ZIP OVIDO FL 32765 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 808 TOLEDO DR.,
CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE TV
NAME GARNER, JEFFREY
STREET ADDRESS 1560 HANDLEMAN DR
CITY-ST-ZIP OVIDO FL 32765 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 808 TOLEDO DR.,
CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

407.928.3068

Daytime Phone #

CR2E034 (9/99)