

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 29, 2001 8:00 am
Secretary of State

04-30-2001 90454 010 ***158.75

DOCUMENT # K43775

1. Entity Name

RUSTIC LAND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

12568 69TH ST N
W PALM BCH FL 33412
US

12568 69TH ST N
WEST PALM BEACH FL 33412
US

2. Principal Place of Business

3. Mailing Address

14689 21st. Road North
Suite, Apt. #, etc.

14689 21st Road North
Suite, Apt. #, etc.

City & State

City & State

Loxahatchee, FL

Loxahatchee, FL

Zip

Country

Zip

Country

33470

USA

33470

4. FEI Number

65-0145044

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

SMITH, LAWRENCE W.
701 US ONE
SUITE 402
N PALM BEACH FL 33408

Name

Raines, Katherine R.

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

14689 21st Road No.

City

Loxahatchee

FL

Zip Code

33470

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

Katherine R. Raines

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

(NOTE: Registered Agent Signature required when reinstating)

4/23/01

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, 2001 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	S	<input type="checkbox"/> Delete
NAME	HAND, JAMIE	
STREET ADDRESS	1752 'C' RD.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	PVPT	<input type="checkbox"/> Delete
NAME	RAINES KATHERINE R.	
STREET ADDRESS	12568 69TH ST NO	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRAINES, JACKIE W	
STREET ADDRESS	12568 69TH ST NO	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hand, Jamie	
STREET ADDRESS	1047 Goldenrod Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raines, Katherine R	
STREET ADDRESS	14689 21st Road No.	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raines, Jackie W.	
STREET ADDRESS	14689 21st Road No.	
CITY-ST-ZIP	Loxahatchee, FL 33470	
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

Katherine R. Raines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

DATE

561-793-3010

TELEPHONE #

CR2E034 (10/00)