

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K65337

1. Entity Name

MARTIN REALTY FUTURE LAND ACQUISITIONS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90134 001 ***400.00

05-16-2001 90134 002 ***150.00

Principal Place of Business
4 WEST OAK STREET
SUITE D
ARCADIA FL 34266
US

Mailing Address
4 WEST OAK STREET
SUITE D
ARCADIA FL 34266
US

2. Principal Place of Business
313 West Oak Street

3. Mailing Address
P.O. Box 847

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Arcadia, Fl 34266

City & State
Arcadia, Fl 34265

4. FEI Number 65-0194697

Applied For
Not Applicable

Zip
34266

Country
U.S. A.

Zip
34265

Country
U.S.A.

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

BROWN, FLETCHER
124 N. BREVARD AVENUE
ARCADIA FL 34266

Name
Walter L. Brewer

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

~~P.O. Box 277~~

2548 SW CR 760

City
~~Noonah~~ Arcadia

FL Zip Code
34266

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)

DATE

5/7/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARTIN, GORDON M
3114 NW HWY 70
ARCADIA FL 34266 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

4/23/01

Date

863 494 2100

Daytime Phone #

CR2E034 (10/00)