

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90077 040 ***150.00

DOCUMENT # **K99009**

1. Entity Name
RURAL LAND COMPANY, INC.

Principal Place of Business
8090 A1A SOUTH
UNIT 407
ST AUGUSTINE FL 32080
US

Mailing Address
8090 A1A SOUTH
UNIT 407
ST AUGUSTINE FL 32080
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8090 A1A SOUTH
 Suite, Apt. #, etc.
UNIT 408

3. Mailing Address
← SAME
 Suite, Apt. #, etc.

City & State
ST AUGUSTINE, FL

City & State

4. FEI Number **59-2956279**

Applied For
 Not Applicable

Zip
32080

Country

Zip

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

GANO, CHARLES P
~~**8090 A1A SOUTH**~~ **8050 A1A S.**
~~**UNIT 407**~~ **408**
ST AUGUSTINE FL 32080

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.

SIGNATURE *Charles P. Gano*
 Signature, typed or printed name of registered agent and title if applicable.

03-14-02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | D <input type="checkbox"/> Delete |
| NAME | GANO, CHARLES P. |
| STREET ADDRESS | 8090 A1A S UNIT 407 8050 A1A S. UNIT 408 |
| CITY-ST-ZIP | ST AUGUSTINE FL 32080 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GANO, ANNIE M. |
| STREET ADDRESS | 8090 A1A SOUTH UNIT 407 8050 A1A S. UNIT 408 |
| CITY-ST-ZIP | ST AUGUSTINE FL 32080 |
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| 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: *Charles P. Gano* **CHARLES P. GANO** **03-14-02** **(904) 460-9419**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)