

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002155

1. Entity Name  
VAN LAN DEVELOPMENT, LLC

FILED

01 FEB 15 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2334 E. STATE ROAD 200  
SUITE 300  
FERNANDINA BEACH FL 32034

Mailing Address

2334 E. STATE ROAD 200  
SUITE 300  
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FELNumber

59-3626912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANIER, TODD B  
2334 E. STATE ROAD 200  
SUITE 300  
FERNANDINA BEACH FL 32034

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
M FALCON FAMILY HOLDINGS, LP  
STREET ADDRESS 8 HICKORY LN.  
CITY-ST-ZIP AMELIA ISLAND, FL 32034

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

TITLE NAME ☐ Delete  
M SIMMONS, VANN  
STREET ADDRESS 71 SEA MARSH RD  
CITY-ST-ZIP AMELIA ISLAND, FL 32034

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TODD B LANIER for FALCON FAMILY HOLDINGS, LP /1/6/2001 (904) 206-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0001660 AF

CR2E083 (11/00)