2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010823

1. Entity Name
M & D LAND DEVELOPMENT, L.C.

FILED
01 FEB 23 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6440 WEST NEWBERRY RD., STE. 409 GAINESVILLE FL 32605	6440 WEST NEWBERRY RD., STE. 409 GAINESVILLE FL 32605

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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, DEREK M.D.
6440 WEST NEWBERRY RD., STE. 409
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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 Derek Thompson MD 2/14/01
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 MGRM NAME M & D LAND DEVELOPMENT, INC. STREET ADDRESS 6440 WEST NEWBERRY RD., STE. 409 CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 800003782338--4 -02/27/01--01059--005 *****50.00 *****50.00
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CR2E083 (11/00)

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: D Thompson MD 2/14/01 352 333-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #