

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014296

1. Entity Name  
775 LAND DEVELOPMENT, LLC

Principal Place of Business  
1620 PLACIDA ROAD  
ENGLEWOOD FL 34223

Mailing Address  
1620 PLACIDA ROAD  
ENGLEWOOD FL 34223

FILED

01 MAY -7 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-108 3692

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATRICK, CARL E  
6823 OLD RANCH ROAD  
SARASOTA FL 34241

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  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER/MANAGER ☐ Delete  
PAUL COLLOM  
1620 PLACIDA ROAD  
ENGLEWOOD FL 34223

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER/MANAGER ☐ Delete  
JOSEPH SPOWART  
3230 HOLLY AVE  
ENGLEWOOD FL 34224

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MICHAEL THOMPSON ☐ Delete  
MEMBER/MANAGER  
1846 GULF BLVD  
ENGLEWOOD, FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9000004368169-2  
-06/06/01--04089-023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EARL SCHWORM ☐ Delete  
MEMBER/MANAGER  
PO BOX 519  
PLACIDA, FL 33946

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER/MANAGER ☐ Delete  
KENNETH CLARY  
3 AMBER JACK COVE  
CAPE HAZE, FL 33946

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01

Date

941-473-2323

Daytime Phone #