

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01449

1. Entity Name

FLORIDA LAND GROUP, INC.

Principal Place of Business

Mailing Address

RT. 2, BOX 600
JENNINGS FL 32053

4010 NW 21ST CIRCLE
JENNINGS FL 32053-2851
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JENNINGS, FLORIDA

Zip

Country

Zip

Country

32053

US

6. Name and Address of Current Registered Agent

4. FEI Number 59-2974068

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name RATLIFF, VICKIE L.

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

RATLIFF, VICKIE L.
3827 NW 104TH PLACE
JASPER FL FL 32052

14859 SE CR 137

City JASPER

FL

Zip Code

32052

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

Vickie L. Ratliff

Vickie L. Ratliff

5/11/2000

DATE

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	RATLIFF, RONALD H.	
STREET ADDRESS	RT 2, BOX 141-A	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOODY, JAMES M.	
STREET ADDRESS	RT 1	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATLIFF, VICKIE L.	
STREET ADDRESS	RT 4 BOX 77A	
CITY-ST-ZIP	JASPER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

RATLIFF, RONALD H. PRESIDENT 5/11/00

Date

Daytime Phone #

904-938-1300



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)