

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90139 047 ***150.00

04/29/02 AV

DOCUMENT # L47925

1. Entity Name

FEDERATED LAND AND INVESTMENT COMPANY

Principal Place of Business

**814 SPRING LAKE SQUARE
 POST OFFICE BOX 3096
 WINTER HAVEN FL 33881**

Mailing Address

**814 SPRING LAKE SQUARE
 POST OFFICE BOX 3096
 WINTER HAVEN FL 33881**

2. Principal Place of Business

1154 Havendale Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Zip

33881

Country

Country

4. FEI Number

59-3001953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, E. SNOW, JR.
 200 LAKE MORTON DRIVE
 LAKELAND FL FL 33801**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE **D** ☐ Delete
 NAME **SWAIN, BRIAN K.**
 STREET ADDRESS **814 SPRING LAKE SQUARE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ Delete
 NAME **CLINE, PATRICIA**
 STREET ADDRESS **814 SPRING LAKE SQUARE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Swain, Brian K.**
 STREET ADDRESS **1154 Havendale Blvd**
 CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **D** ☒ Change ☐ Addition
 NAME **Cline, Patty**
 STREET ADDRESS **1154 Havendale Blvd**
 CITY-ST-ZIP **Winter Haven, FL 33881**

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patty Cline

4-16-02

Date

(863)299-9019

Daytime Phone #

CR2E034 (9/01)