

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LT77616**

1. Entry Name

PELICAN PROPERTIES INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

**2 FENWICK ROAD
SUITE 100**

**P.O. Box 3472
HAMPTON, VA. 23663-0472**

FORT MONROE, VA. 23651

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

65-0616879

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIMOTHY BENJAMIN
12520 SW 195 TER.
MIAMI, FL. 33177**

Name

**GORHAM RUTTER
Street Address (P.O. Box Number is Not Acceptable)
517 SPRINGCREEK DRIVE**

City
LONGWOOD

FL

Zip Code
32779

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.

Gorham Rutter, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/00

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 **PRESIDENT** ☐ Delete

NAME **C. JOHN KNORR, JR.**

STREET ADDRESS **104 WOODHALL DRIVE**

CITY-ST-ZIP **RICHMOND VA. 23229**

TITLE **CHIEF OPERATING OFFICER** ☐ Delete

NAME **NATHAN A. ROESING**

STREET ADDRESS **124 TROTWOOD DRIVE**

CITY-ST-ZIP **CANONSBURG, PA. 15317**

TITLE **CHIEF FINANCIAL OFFICER** ☒ Delete

NAME **TIMOTHY M. BENJAMIN**

STREET ADDRESS **12520 SW 195 TERR**

CITY-ST-ZIP **MIAMI, FL. 33177**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

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NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

Nathan A. Roesing

NATHAN A. ROESING

8/24/00

(724) 229-9612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)