

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000687

1. Entity Name

DEAL LAND & MINERALS, L.C.

FILED

01 AUG 27 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1322 MIRACLE STRIP PARKWAY
FT WALTON BEACH FL 32548

P.O. BOX 1570
FT WALTON BEACH FL 32549

2. Principal Place of Business

25 Walter Martin Rd.

3. Mailing Address

Suite, Apt. #, etc.

Ste 202

Suite, Apt. #, etc.

City & State

FT. Walton Beach, FL

City & State

Zip

32549

Country

USA

Zip

Country

4. FEI Number

59-3336531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAUGHT, ALEXANDRA R
5 CLIFFORD DR, SUITE 12
SHALIMAR FL 32579

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

600004562826--4

-08/29/01--01108--005

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR DEAL, VICTOR W
208 HOOD AVE
FT WALTON BEACH FL 32548 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEM DEAL, AARON W
208 HOOD AVE
FT WALTON BEACH FL 32548 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEM DEAL, KRISTIN E
208 HOOD AVE
FT WALTON BEACH FL 32548 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEM DEAL, BETHANY
208 HOOD AVE
FT. WALTON Beach, FL 32548 ☐ Delete ☒ Add

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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 REQUIRED

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

Date

Daytime Phone #

8/21/01

8505815271

CR2083 (5/01)

STAPLE CHECK HERE