

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010691 AF

DOCUMENT # L96000001019

1. Entity Name  
LANDROCK, L.C.

FILED

00 JAN 27 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4403 SUN VILLAGE BOULEVARD  
KISSIMMEE FL 34746

Mailing Address  
4403 SUN VILLAGE BOULEVARD  
KISSIMMEE FL 34746-5856

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  
65-0699128

Applied For  
Not Applicable

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

SCHROEDER, MICHAEL A  
SCHROEDER AND LARCHE, P.A.  
SUITE 319-A, 2255 GLADES ROAD  
BOCA RATON FL 33431-7313

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 \_\_\_\_\_ (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  
MEM  
LANDLINK ONE L.C.  
4403 SUN VILLAGE BOULEVARD  
KISSIMMEE FL 34746 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
ROCK INVESTMENT TRUST PLC  
29 EAST STREET  
READING BERUSHIRE ENGLAND RG16Q-11 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
400003119904-1  
02/01/00-01148-003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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☐ 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: *W. SCHROEDER* SIGNATURE REQUIRED FOR MEM 01/22/00 407.3992451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)