

2000 UNIFORM BUSINESS REPORT (UBR)

\$50

APPROVED
AND
FILED

00 JUN -5 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008030

1. Entity Name

North Florida Land Investment Company, LLC

Principal Place of Business 124 S. Florida Avenue Lakeland, FL 33801	Mailing Address Post Office Box 8229 Lakeland, FL 33802-8229
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
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4. FEI Number 59-3622021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Brian G. Philpot 124 S. Florida Avenue Lakeland, FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>	Manager Brian G. Philpot 124 S. Florida Avenue Lakeland, FL 33801	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	600003313286 -07/05/00--01075--014 ****400.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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: B. G. Philpot 5/15/00 863-688-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)