

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M68510

1. Entity Name

LANDMAR REALTY GROUP, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90548 027 ***150.00

Principal Place of Business

Mailing Address

11000 BEACH BLVD
JACKSONVILLE FL 32246

P O BOX 16068
JACKSONVILLE FL 32245-6068
US

2. Principal Place of Business

3. Mailing Address

10161 Centurion Pkwy North

10161 Centurion Pkwy North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 190
City & State
Jacksonville, FL

Ste. 190
City & State
Jacksonville, FL

Zip
32256

Country
US

Zip
32256

Country
US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, BERT C.
1660 PRUDENTIAL DR #203
JACKSONVILLE FL 32207

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SHEA, TIMOTHY G.
11000 BEACH BLVD
JACKSONVILLE FL 32246 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BURR, EDWARD E.
10161 CENTURIAN PARKWAY N. #190
JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10161 Centurion Pkwy North, Suite 190 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Oreder, M.G.
3909 Duval Drive
Jacksonville Beach, FL 32250 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

904-898-8300

Daytime Phone #

CR2E034 (9/99)