

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86659

1. Entity Name

CASSENS LAND ENTERPRISES, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90060 035 ***150.00

Principal Place of Business

3180 N KINGS HWY
P.O. BOX 613
FT. PIERCE FL 34954

Mailing Address

3180 N KINGS HWY
P.O. BOX 613
FT. PIERCE FL 34954-0613

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 65-0055815

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

CASSENS, STEVEN D.
3180 N. KINGS HIGHWAY
FT. PIERCE FL 34951

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	PTD	<input type="checkbox"/> Delete
NAME	CASSENS, STEVEN D.	
STREET ADDRESS	1876 S SHINN RD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	CASSENS, NORMA F.	
STREET ADDRESS	1581 S JENKINS RD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34945	
TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan F. Cassens	
STREET ADDRESS	1876 Shinn Road	
CITY-ST-ZIP	74. Pierce, Fl 34945	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine Cassens Dixon	
STREET ADDRESS	1898 Shinn Road	
CITY-ST-ZIP	74. Pierce, Fl 34945	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wm. Bruce Dixon Jr.	
STREET ADDRESS	1898 Shinn Road	
CITY-ST-ZIP	74. Pierce, Fl 34945	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.D. Cassens 5-1-00 461-4615
President Date Daytime Phone #