

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030421 AB

DOCUMENT # M95000000030

1. Entity Name  
FORESTER LAND & DEVELOPMENT, L. C.

FILED

01 JAN 16 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
TREASURE ISLAND MARINA  
3805 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

Mailing Address  
2241 TOMS CREEK ROAD  
MARTIN GA 30557

2. Principal Place of Business  
Lighthouse Marina  
Suite, Apt. #, etc.  
5325 N. Lagoon Dr.  
City & State  
Panama City Beach, FL

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip  
32408  
Country  
Bay

Zip  
Country

4. FEI Number 58-2169863

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

-WATERCREST  
6201 THOMAS DRIVE, #810  
PANAMA CITY BEACH FL 32408

## 7. Name and Address of New Registered Agent

Name  
Coral Reef  
Street Address (P.O. Box Number is Not Acceptable)  
6609 Thomas Dr - #1206  
City  
Panama City Beach FL Zip Code  
32408

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 *W.D. Forest*

1-11-01

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

## 9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MRGM  
FORESTER, WILLIAM D  
2241 TOMS CREEK ROAD  
MARTIN GA 30557 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MRGM  
FORESTER, BETTY S  
2241 TOMS CREEK ROAD  
MARTIN GA 30557 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
800003576065-0 Addition  
-01/26/01--01067--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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: *W.D. Forest*

1-11-01

706-384-4884

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

Date

Daytime Phone #

CR2E083 (1/1/00)