2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001284

1. Entity Name

AMERICAN LAND OF NORTH FLORIDA, LLC

FILED

00 JAN 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8814 COWENTON AVE. PENNY HALL MD 21128	8814 COWENTON AVE. PENNY HALL MD 21128-9618

2. Principal Place of Business	3. Mailing Address
8814 COWENTON AVE	8814 COWENTON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PERRY HALL MD	City & State: PERRY HALL MD
Zip: 21128-9618 / Country	Zip: 21128-9618 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2171817 — Applied For / Not Applied For

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

6. Name and Address of Current Registered Agent

TOMASSETTI, A. JEFFREY ESQ.
406 ASH STREET
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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

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	MGRM KNIGHT, WAYNE B 8814 COWENTON AVE. PENNY HALL MD 21128 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNIGHT, WAYNE B. 8814 COWENTON AVE. PERRY HALL, MD 21128-9618 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003119857--8 -02/01/00--01145--006 *****50.00 *****50.00 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Wayne B Knight SIGNATURE RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #