

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002028

1. Entity Name

KROCKER LAND DEVELOPMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:03

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

14159 MARIAH COURT

14159 MARIAH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #3

SUITE #3

City & State

City & State

CHANTILLY, VA

CHANTILLY, VA

Zip

Zip

Country

Country

20151

USA

20151

USA

4. FEI Number

54-1877569

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00

Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE C. LAUFFER
2025 CLUB DRIVE
VERO BEACH, FL 32963

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

LAWRENCE C. LAUFFER

2/28/2000

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
MANAGING MEMBER
CHARLES S. KROCKER
14159 MARIAH CT SUITE 3
CHANTILLY, VA 20164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NAME
3/16/00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
LAWRENCE C. LAUFFER
2025 CLUB DRIVE
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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300003179903--3
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/24/00

(703) 449-8093

CR2E083 (11/99)