2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08549

1. Entity Name

FLORIDA LAND COUNCIL, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90150 002 ****61.25

Principal Place of Business	Mailing Address
310 W. COLLEGE AVE. TALLAHASSEE FL 32301 US	310 W. COLLEGE AVE. TALLAHASSEE FL 32301-1406 US

DO NOT WRITE IN THIS SPACE

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 59-2607230 ☐ 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
LITTLEJOHN, CHARLES B 310 WEST COLLEGE AVENUE TALLAHASSEE FL 32301	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 $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, BEN HILL I 700 S ALT 27 @ 7TH ST FROSTPROOF FL	☒ Delete	D Paul Marinelli 2600 Golden Gate Pkwy., Ste. 200 Naples, FL 33942-3206	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILLIARD, JOE MARLIN RT 2 BOX 175 CLEWISTON FL	☐ Delete	SD Nancy Davis 80 Southwest 8th St., Ste. 2110 Miami, FL 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALLEN, BOB 149 S. RIDGEWOOD AVENUE DAYTONA BEACH FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LESTER, BERNIE PO BOX 338 LABELLE FL 33935	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/24/00 (850) 222-7535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #