

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000533

1. Entity Name

REVIVAL OF EAST SLAVIC LAND, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90086 033 ****61.25

Principal Place of Business

11701 WATER BLUFF DR. EAST
JACKSONVILLE FL 32218

Mailing Address

11701 WATER BLUFF DR. EAST
JACKSONVILLE FL 32218

2. Principal Place of Business

1134 BLANDING BLVD.
Suite, Apt. #, etc.

3. Mailing Address

1134 BLANDING BLVD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK, FL.

City & State

ORANGE PARK, FL.

4. FEI Number

59-3218149

Applied For

Not Applicable

Zip

32065

Country

USA

Zip

32065

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALLOY, TWINKLE
11701 WATER BLUFF DR. EAST
JACKSONVILLE FL 32218

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, DEERING 1134 BLANDING BLVD ORANGE PARK FL 32065	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALLOY, TWINKLE 11701 WATER BLUFF DR. E. JACKSONVILLE FL 32218	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SATTLER, MARK 14003 N.MAIN ST. JACKSONVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLBERG, TOM 1134 BLANDING BLVD ORANGE PARK FL 32065	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LIGON, BILL T 811 OCEAN BLVD ST SIMON ISLAND GA 31522	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	VD WANNALL, Bob 3925 MAIN STREET MIDDLEBURG, FL 32068	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Twinkle Malloy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 904-751-0932

Date

Daytime Phone #

CR2E037 (10/00)