

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000643

1. Entity Name

SAVE THE LAND FOUNDATION, INC.

Principal Place of Business

Mailing Address

250 INTERNATIONAL PARKWAY
SUITE 114
HEATHROW FL 32746250 INTERNATIONAL PARKWAY
SUITE 114
HEATHROW FL 32746-5049

2. Principal Place of Business

1106 SE 35th Ave.

3. Mailing Address

1106 SE 35th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

Country

Zip

Country

4. FFL Number

59-3561617

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

PIERCE, JOHN G ESQUIRE
800 N. FERNCREEK AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name DAVE TRZECIAK

Street Address (P.O. Box Number is Not Acceptable)
1106 SE 35th Ave

City

OCALA

FL

Zip Code

34471

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 \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIFFRANCESCO, JOSEPH	
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 114	
CITY-ST-ZIP	HEATHROW FL 32746	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEFRANCESCO, BERNADETTE	
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 114	
CITY-ST-ZIP	HEATHROW FL 32746	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TREZAK, DAVE	
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 114	
CITY-ST-ZIP	HEATHROW FL 32746	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, JOHN G ESQUIRE	
STREET ADDRESS	800 N. FERNCREEK AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRZECIAK, DAVE L.	
STREET ADDRESS	1106 SE 35 th Ave	
CITY-ST-ZIP	OCALA, FL 34471	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRZECIAK, DENISE D.	
STREET ADDRESS	1106 SE 35 th Ave	
CITY-ST-ZIP	OCALA, FL 34471	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWDER, WALLACE L.	
STREET ADDRESS	3423 E SILVER SPRINGS BLVD	
CITY-ST-ZIP	OCALA, FL 34471	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE C. TRZECIAK, PRES 4-26-00 352-694-3709

Date

Daytime Phone #

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-16-2000 90122 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)