

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90214 039 ***150.00

0045261

DOCUMENT # P00000011597

1. Entity Name

APPLELAND, INC.

Principal Place of Business

**222 S WESTMONTE DR, SUITE 211
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**222 S WESTMONTE DR, SUITE 211
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

1101 N. Lake Destiny Rd.

3. Mailing Address

1101 N. Lake Destiny Rd.

Suite, Apt. #, etc.

Suite 475

Suite, Apt. #, etc.

Suite 475

City & State

Maitland, Florida

City & State

Maitland, Fla.

Zip

32751

Country

USA

Zip

32751

Country

USA

4. FEI Number

59-3630464

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLACK, RONALD W

**222 S WESTMONTE DR, SUITE 211
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

Ronald W. Black

Street Address (P.O. Box Number is Not Acceptable)

1101 N. Lake Destiny Rd.

Suite 475

City

Maitland, Florida

FL

Zip Code
32751

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

Ronald W. Black

February 8, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing: Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BLACK, RONALD W**
STREET ADDRESS **222 S WESTMONTE DR, SUITE 211**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **David Nourachi**
STREET ADDRESS **601 Foxcroft Tr., S. E.**
CITY-ST-ZIP **Marietta, Ga. 30067**

TITLE ☒ Change ☐ Addition
NAME **DAVID NOURACHI**
STREET ADDRESS **247 BAYOU CIRCLE**
CITY-ST-ZIP **DEBARA, FL 32713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Nourachi

Date

Daytime Phone #

407-668-5274

CR2E034 (10/00)