

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90034 048 ***150.00

DOCUMENT # P00000014554

1. Entity Name

AG LAND GROUP ONE, INC.

Principal Place of Business

~~6710 MAIN ST., STE. 233~~
~~MIAMI FL 33014~~

c/o Bayshore Land Group, Inc.

Mailing Address

~~6710 MAIN ST., STE. 233~~
~~MIAMI FL 33014~~

c/o Bayshore Land Group, Inc.

2. Principal Place of Business

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 325

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 325

City & State

Coral Gables, FL

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0984450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEGGY, JOHN F

6710 MAIN ST., STE. 233

MIAMI FL 33014

7. Name and Address of New Registered Agent

Name

Christopher J. MacNair

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

255 Alhambra Circle, Suite 325

City

Coral Gables

FL

Zip Code

33134

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.

Christopher J. MacNair

Christopher J. MacNair, V.P.

4/30/02

(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, 2002 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	<input type="checkbox"/> Delete
NAME	FERTIG, JAY C	
STREET ADDRESS	2960 WENTWORTH	
CITY-ST-ZIP	WESTON FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACNAIR, CHRISTOPHER J	
STREET ADDRESS	12450 PINE NEEDLE LANE	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEGGY, JOHN F.	
STREET ADDRESS	3901 LYMESTONE DR.	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Christopher J. MacNair *4/30/02* *305-445-6161*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)