

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000018190**

1. Entity Name

POLK COUNTY LAND COMPANY, INC.**FILED**
Aug 10, 2001 8:00 am
Secretary of State

08-10-2001 90003 028 ***550.00

Principal Place of Business

**316 EAST PINE STREET
ORLANDO FL 32801**

Mailing Address

**316 EAST PINE STREET
ORLANDO FL 32801**

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

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****WARLICK, THOMAS H
316 EAST PINE STREET
ORLANDO FL 32801****7. Name and Address of New Registered Agent**

Name

OSWALT, RICHARD E.

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

10411 LAKE LOUISA ROAD**CLERMONT, FL 34712-0786**

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 **RICHARD E. OSWALT**

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

(NOTE: Registered Agent signature required when reinstating)

08/06/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVST WARLICK, THOMAS H 316 EAST PINE STREET ORLANDO FL 32801 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST OSWALT, RICHARD E. 10411 LAKE LOUISA ROAD CLERMONT, FL 34712-0786 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSWALT, RICHARD E. 10411 LAKE LOUISA ROAD CLERMONT, FL 34712-0786 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**8-6-01**

Date

352-394-4084

Daytime Phone #

CR2E034 (5/01)