

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092943

1. Entity Name

TAYLOR LAND DEVELOPMENT, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90187 043 ***150.00

00035557



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1130 NORTH HAVERHILL RD.
WEST PALM BEACH FL 33417

Mailing Address

1130 NORTH HAVERHILL RD.
WEST PALM BEACH FL 33417

2. Principal Place of Business

17145 69th St. N

Suite, Apt. #, etc.

3. Mailing Address

17145 69th St. N

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

LOXAHATCHEE, FL

4. FEI Number

65-1044543

Applied For

Not Applicable

Zip

33470

Country

Palm Bch

Zip

33470

Country

Palm Bch

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAYNE M
BUSINESS COORDINATING ENTERPRISES, INC.
631 LINNET CIRCLE
DELRAY BEACH FL 33444

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

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 PTD
NAME TAYLOR, RONALD
STREET ADDRESS 1130 NORTH HAVERHILL RD.
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete

TITLE S
NAME STEWART, JAYNE M
STREET ADDRESS 1130 NORTH HAVERHILL RD.
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete

TITLE President
NAME Diane Lynn Gomes
STREET ADDRESS 17145 69 Street North
CITY-ST-ZIP Loxahatchee, FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President, Treasurer, Director
NAME
STREET ADDRESS 17145 69th Street North
CITY-ST-ZIP Loxahatchee, FL 33470 ☒ Change ☐ Addition

TITLE Secretary
NAME
STREET ADDRESS 631 Linnet Circle
CITY-ST-ZIP Delray Beach, FL 33444 ☒ 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 ☐ Change ☐ Addition

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

Ronald E. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01
Date

561-358-5834
Daytime Phone #

CR2E034 (10/00)