

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90079 039 ***150.00

DOCUMENT # P39331

1. Entity Name
COLUMBIA LAND AND DEVELOPMENT CORPORATION

Principal Place of Business
C/O TERENCE R. MCAULIFFE
1031 W MORSE BLVD STE 270
WINTER PARK FL 32789

Mailing Address
C/O TERENCE R. MCAULIFFE
1031 W MORSE BLVD STE 270
WINTER PARK FL 32789-3750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1031 W. Morse Blvd.	3. Mailing Address 1031 W. Morse Blvd.
Suite, Apt. #, etc. Suite 160	Suite, Apt. #, etc. Suite 160
City & State Winter Park, Florida	City & State Winter Park, Florida
Zip 32789	Zip 32789
Country USA	Country USA

4. FEI Number **52-1773787** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent SWANN, HADLEY D 1031 W MORSE BLVD SUITE 270 WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Swann & Hadley, P.A. Street Address (P.O. Box Number is Not Acceptable) 1031 W. Morse Blvd. Suite 160 City Winter Park FL Zip Code 32789
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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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCAULIFFE, TERENCE R. 7527 OLD DOMINION MC LEAN VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MCAULIFFE, DOROTHY S. 7527 OLD DOMINION MC LEAN VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWANN, CHRISTIAN M 1031 W MORSE BLVD, STE 200 WINTER PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Swann, Christian M. 1031 West Morse Blvd., Ste. 160 Winter Park, Florida 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **Vice President** **4-25-00** **407-648-8977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #