

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90035 021 \*\*\*150.00

UD7430

**DOCUMENT # P39331**

1. Entity Name

**COLUMBIA LAND AND DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

**1031 W MORSE BLVD., SUITE 160  
 WINTER PARK FL 32789**

**1031 W MORSE BLVD., SUITE 160  
 WINTER PARK FL 32789**

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

**52-1773787**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWANN & HADLEY, PA  
 1031 W MORSE BLVD., SUITE 160  
 WINTER PARK FL 32789**

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

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	VPST MCAULIFFE, DOROTHY S. 7527 OLD DOMINION MC LEAN VA 22102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWANN, CHRISTIAN M 1031 W MORSE BLVD., SUITE 160 WINTER PARK FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

*1-10-01*

Date

*407-643-8977*

Daytime Phone #

CR2E034 (10/00)

Attachment#  
P39331  
522830

*Swann & Hadley, P.A.*  
*Attorneys and Counselors at Law*

Pervie P. Swann (1895-1984)

Stuart P. Buchanan  
Ralph V. Hadley, III  
Richard R. Swann

Of Counsel:  
L. Pharr Abner

1031 W. Morse Boulevard  
Suite 160  
Winter Park, Florida 32789  
Telephone (407) 647-2777  
Fax (407) 647-2157

April 3, 2001

**Via Certified Mail**  
**Return Receipt Requested**  
**7000 0600 0021 8048 8176**

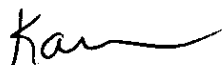
Uniform Business Report  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

**RE: Columbia Land and Development Corporation**

Dear Sir or Madam:

Enclosed please find the original 2001 Uniform Business Report for the above corporation, together with a check in the amount of \$150.00 payable to the Department of State for the filing fee.

Sincerely,



Karen M. Brown, CLA  
Legal Assistant

KMB/cl  
Enclosure  
H:\Columbia Land\Uniform Business Report.doc