

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90118 007 ***150.00

DOCUMENT # **P39331**

1. Entity Name
COLUMBIA LAND AND DEVELOPMENT CORPORATION



Principal Place of Business
**1031 W MORSE BLVD., SUITE 160
WINTER PARK FL 32789**

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



2. Principal Place of Business

1031 W. MORSE BLVD

Suite, Apt. #, etc.

SUITE 350

City & State

WINTER PARK, FL

Zip
32789

Country
USA

3. Mailing Address

1031 W. MORSE BLVD

Suite, Apt. #, etc.

SUITE 350

City & State

WINTER PARK, FL

Zip
32789

Country
USA

CHECK HERE IF MAKING CHANGES

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, PA
1031 W MORSE BLVD., SUITE 160
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 350
City **WINTER PARK** FL Zip Code **32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

1-27-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	SUITE 350	<input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTIAN M. SWANN V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

407-643-8977

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 70010235
P39331

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

Pervie P. Swann (1895-1984)

Stuart P. Buchanan
Ralph V. Hadley, III
Richard A. Leigh
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

January 31, 2003

**VIA CERTIFIED MAIL RETURN RECEIPT
REQUESTED NO. 7000 1670 0002 1214 8605**

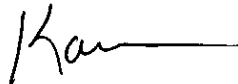
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Columbia Land and Development Corporation

Dear Sir or Madam:

Enclosed is the 2002 Uniform Business Report for the above corporation together with a check in the amount of \$150.00 for the filing fee. If you have any questions, please contact the undersigned.

Sincerely,



Karen M. Brown, CLA
Legal Assistant