

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005940

1. Entity Name
ADVENTURE LANDING, INC.FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90826 001 ***300.00

0034674 AV

Principal Place of Business
1944 BEACH BLVD
JACKSONVILLE FL 32250Mailing Address
333 1ST ST NORTH
JACKSONVILLE BCH FL 32250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3157964

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALLEN, BRINTON & SIMMONS, P.A.
3200 INDEPENDENT SQUARE
JACKSONVILLE FL 32202Address
change
only

7. Name and Address of New Registered Agent

Name
Simmons, J. Sidney S.
Street Address (P.O. Box Number is Not Acceptable)225 Water Street, Ste 2050
City Jacksonville FL Zip Code 32002

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> Delete
NAME	LINVILLE, ROGER A	
STREET ADDRESS	305 W. 4TH ST., SUITE 2-D	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE	C	<input type="checkbox"/> Delete
NAME	LEVINSON, RANDOLPH	
STREET ADDRESS	2315 BEACH BLVD, SUITE 201	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAGGARD, J. OLIVER	
STREET ADDRESS	505 PAR AVE- STE 1700	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	CARLSON, MARC	
STREET ADDRESS	333 1ST ST NORTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

CR2E034 (9/01)