

2000 UNIFORM BUSINESS REPORT (UBR)

0508462

DOCUMENT # P92000014548

1. Entity Name
CAMPBELL LAND COMPANY

FILED
00 APR 27 AM 11:50

Principal Place of Business

Mailing Address

521 W. FORT ISLAND TR.
STE. B
CRYSTAL RIVER FL 34429

P.O. BOX 1377
CRYSTAL RIVER FL 34423-1377

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1600 Sunshine Drive
Suite, Apt. #, etc.

P.O. Box 1661
Suite, Apt. #, etc.

City & State
Clearwater Florida

City & State
Dade City FL

4. FEI Number 59-3155308

Applied For
Not Applicable

Zip 33765

Country USA

Zip 34697

Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~33578~~
BATTLE, JOHN R
1031 N. COMMERCE TERR
LECANTO FL 34461

Name John R. Battle

Street Address (P.O. Box Number is Not Acceptable)

11306 West Pool Ct.

City Crystal River

FL

Zip Code

34429

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 PSTD
STREET ADDRESS CAMPBELL, A. LAURA
CITY-ST-ZIP 1323 CHRISTMAS LANE ATLANTA GA 30329

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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: *Laura Campbell* A. LAURA Campbell

4-18-00 (404) 634-7539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)