

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011032

1. Entity Name

LANDRETH LAND, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90022 047 ***150.00

Principal Place of Business

Mailing Address

235 EASTERN ST
FREEPORT FL 32439
US

235 EASTERN ST
FREEPORT FL 32439
US

2. Principal Place of Business

3. Mailing Address

235 EASTERN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FREEPORT

FL

4. FEI Number

59-3165421

Applied For

Not Applicable

Zip

Country

Zip

Country

32539

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

LAPORTE, W. HOWARD
502 S FERDON BLVD.
CRESTVIEW FL 32536

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, 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	DP	<input type="checkbox"/> Delete
NAME	LANDRETH, WILLIAM D	
STREET ADDRESS	235 EASTERN ST	
CITY-ST-ZIP	FREEPORT FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LANDRETH, MARY T	
STREET ADDRESS	235 EASTERN ST	
CITY-ST-ZIP	FREEPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William D. Landreth
WILLIAM D. LANDRETH

04-14-00

Date

850-897-5041

Daytime Phone #