

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90929 035 ***150.00

DOCUMENT # P93000020328

1. Entity Name

M&M LANDHOLDING CO.

Principal Place of Business

**2015 S. TUTTLE AVENUE
 SUITE F
 SARASOTA FL 34239
 US**

Mailing Address

**2015 S. TUTTLE AVENUE
 SUITE F
 SARASOTA FL 34239
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 5013

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL.

Zip

Country

Zip

Country

34277

USA

4. FEI Number

65-0410940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BENTLEY, MORGAN ESQ
 WPHDG
 200 S ORANGE AVE
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Eleanor R. Nestor

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

2015 S. TUTTLE AVE

City

SARASOTA,

FL

Zip Code

34239

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

Eleanor Nestor, Sec.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Eleanor R. Nestor Sec. 1-15-2001

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

TITLE **D** ☐ Delete
 NAME **NESTOR, MARK A**
 STREET ADDRESS **2015 S. TUTTLE AVENUE, #5**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 (10/00)