

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041311

1. Entity Name

SENECA LAND DEVELOPMENT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90024 011 ***150.00

Principal Place of Business

Mailing Address

546 1ST STREET
VERO BCH. FL 32962
US

546 1ST STREET
VERO BCH. FL 32962
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 941

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Vero Beach, Florida

Zip

Country

Zip

Country

32961

USA

4. FEI Number 65-0415031

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIETO, DONNA
546 1ST STREET
VERO BEACH FL 32962

Name Al Harris

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

546 1st Street

Vero Beach, FL 32960

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

Al Harris

Al Harris

4/25/00

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 PD
NAME HARRIS, ALAN
STREET ADDRESS 546 1ST STREET
CITY-ST-ZIP VERO BCH. FL 32962 ☐ Delete

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

TITLE VP
NAME TOOMEY, ROBERT
STREET ADDRESS 546 1ST STREET
CITY-ST-ZIP VERO BCH. FL 32962 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

4/25/00