

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057612

1. Entity Name
TUSCAWILLA LAND COMPANY

NOTE: NAME WAS CHANGED
TO TE DEUM LAND COMPANY

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90752 001 ***450.00

4010



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5005 NEPTUNE WAY WEST
TAMPA FL 33609

Mailing Address
5005 NEPTUNE WAY WEST
TAMPA FL 33609

2. Principal Place of Business
3702 W. KENNEDY BLVD
Suite, Apt. #, etc.

3. Mailing Address
3702 W. KENNEDY BLVD
Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA
Zip
33609

City & State
TAMPA, FLORIDA
Zip
33609

4. FEI Number 59-3200655

Applied For
Not Applicable

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

MIKES, JAMES R
5005 NEPTUNE WAY WEST
TAMPA FL 33609

Name
Street Address (P.O. Box Number is Not Acceptable)
3702 W. KENNEDY BLVD.
City TAMPA FL Zip Code 33609

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 *James R. Mikes (JAMES R. MIKES)* PRES & REG. AGENT 4-27-01
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME MIKES, JAMES R
STREET ADDRESS 5005 NEPTUNE WAY
CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3702 W. KENNEDY BLVD
CITY-ST-ZIP Tampa FLA 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 *James R. Mikes* JAMES R. MIKES PRES 4-27-01 813-874-2722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)