

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031519

1. Entity Name

2014 LAND HOLDINGS INCORPORATED

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90107 043 ***150.00

Principal Place of Business

Mailing Address

517 2ND STREET WEST
BRADENTON FL 34205

517 2ND STREET WEST
BRADENTON FL 34205-8801

2. Principal Place of Business

717 Manatee Ave West

3. Mailing Address

717 Manatee Ave West

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34205

Country

USA

Zip

34205

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0486750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT L CPA
517 2ND STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name Miller, Robert L., CPA

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

717 Manatee Ave West, Suite 200

City Bradenton

FL

Zip Code 34205

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

TITLE P
NAME BROWN, DIANE
STREET ADDRESS 628 TREMONT STREET
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE V
NAME SEAMAN, DONALD
STREET ADDRESS 1511 RIDGEWOOD LANE
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE T
NAME DAVIS, LINDA
STREET ADDRESS 1755 STANFORD LANE
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE S
NAME SEAMAN, DAVID C
STREET ADDRESS 1620 SHELBURNE LAND
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

4/12/00

Date

9419239625

Daytime Phone #

CR2E034 (9/99)