## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMED

## FILED DOCUMENT # P94000037642 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** SUMMERHAVEN LAND COMPANY, INC. 01-19-2000 90227 019 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 5357 577 DELTONA BLVD. **DELTONA FL 32728-5357** SUITE 20 **DELTONA FL 32725** UU4132 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3325269 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, STANLEE J 577 DELTONA BLVD. SUITE 20 **DELTONA FL 32725** e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed name of re FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE SMITH, STANLEE J NAME NAME 577 DELTONA BLVD., STE. 20 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DELTONA FL 32725** ☐ Addition TITLE ☐ Delete TITLE SMITH, SAMUEL NAME NAME 1142 BARBADOS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME ង់ នាដ ស្រាស់ស្នា STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.