

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**MAR -7 PM 2:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** 194000078410

**1. Entity Name**

**LND, Inc.**



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**3595 N.W. 110th Avenue**

Suite, Apt. #, etc.

**3. Mailing Address**

**One Riverway**

Suite, Apt. #, etc.

**Suite 500**

**DO NOT WRITE IN THIS SPACE**

**City & State**

**Miami, Florida**

**City & State**

**Houston, Texas**

**4. FEI Number**

**65-0528082**

**Applied For**

**Not Applicable**

**Zip**  
**33167**

**Country**  
**USA**

**Zip**  
**77056**

**Country**  
**USA**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

**CSC**

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

**1201 Hays Street**

**City Tallahassee**

**FL**

**Zip Code  
32301**

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

**Agent is not being changed**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**Director  
Linda Bell  
One Riverway, Suite 500  
Houston, Texas 77056**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**000013692550**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**Director/Secretary/Vice President  
Robert E. Longo  
One Riverway, Suite 500  
Houston, Texas 77056**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**Director/Treasurer  
David Young  
One Riverway, Suite 500  
Houston, Texas 77056**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**Assistant Secretary  
Shayne A. Rosecrans  
One Riverway, Suite 500  
Houston, Texas 77056**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**President  
Robert Finke  
3595 NW 110th  
Miami, Florida 33167**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/03**

Date

**713-888-0104**

Daytime Phone #

CR2E034B (12/02)



CORPORATION SERVICE COMPANY™

2012

ACCOUNT NO. : 072100000032

REFERENCE : 956159 7111512

AUTHORIZATION :

*Patricia Pizjito*

COST LIMIT : \$ 150.00

ORDER DATE : March 6, 2003

ORDER TIME : 10:07 AM

ORDER NO. : 956159-005

CUSTOMER NO: 7111512

CUSTOMER: Kim Steiger  
Coach Usa  
Suite 500  
One Riverway  
Houston, TX 770561903

ANNUAL REPORT FILING

NAME: LND, INC.

RECEIVED  
03 MAR -7 AM 11:48  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: \_\_\_\_\_

*[Handwritten signature]*