

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017434

1. Entity Name

LARMAC DEVELOPMENT CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90372 036 ***150.00

Principal Place of Business

Mailing Address

879 CAMP JOHNSON RD
 ORANGE PARK FL 32065
 US

4215 SOUTHPOINT BLVD.
 STE. 100
 JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Belfort Road Southh
 Professional Park
 P.O. Box 551260

City & State

City & State
 Jacksonville, FL 32255-1260

4. FEI Number

58-3299571

Applied For

Not Applicable

Zip

Country

Zip

Country

32255-1260

US

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

ANSBACHER, LEWIS
 100 NATIONAL FINANCIAL BLDG.
 4215 SOUTHPOINT BLVD.
 JACKSONVILLE FL 32216

Name
 Lewis Ansbacher

Street Address (P.O. Box Number is Not Acceptable)
 5150 Belfort Road Building 100

City
 Jacksonville

FL

Zip Code
 32256

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.

Lewis Ansbacher

(NOTE: Registered Agent signature required when reappointing)

DATE

4/21/00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVS
 MCWILLIAMS, A E
 P.O. BOX 1381 (N/A)
 ORANGE PARK FL 32067 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 4711 HWY. 17S #8
 Orange Park, FL 32073 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPT
 NICHOLS, LAWRENCE
 879 CAMP JOHNSON RD
 ORANGE PARK FL 32065 ☐ Delete

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

TITLE
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TITLE
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 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

E. McWilliams

Date

Daytime Phone #

4/18/00 (904) 264-5006

CR2E034 (9/99)