

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90339 038 ***150.00

05/20/05 AV

DOCUMENT # P95000023935

1. Entity Name
VANCE LAND COMPANY



Principal Place of Business
125 N.E. 1ST AVE.
SUITE 1
OCALA FL 34470

Mailing Address
125 N.E. 1ST AVE.
SUITE 1
OCALA FL 34470



2. Principal Place of Business
9300 NW 193RD ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 430
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORANGE LAKE, FL
Zip
32681
Country
USA

City & State
ORANGE LAKE, FL
Zip
32681
Country
USA

4. FEI Number 59-3309290
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HART, KARL V
125 N.E. 1ST AVE.
SUITE 1
OCALA FL 34470

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9300 NW 193RD STREET
City ORANGE LAKE **FL** **Zip Code** 32681

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 *Karl V Hart*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D NAME HART, KARL V STREET ADDRESS 125 N.E. 1ST AVENUE 9300 NW 193RD ST CITY-ST-ZIP OCALA FL 34470 ORANGE LAKE, FL 32681	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karl V Hart* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

Daytime Phone #

CR2E034 (10/02)