

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034880

1. Entity Name

LONG LAKES LAND CO.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90092 014 ***150.00

Principal Place of Business
2233 SEWANEE ST.
LYNN HAVEN FL 32444

Mailing Address
2233 SEWANEE ST.
LYNN HAVEN FL 32444-3064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KINARD, LEE A
303 HARVARD BLVD.
LYNN HAVEN FL 32444

Name

CHARLES W. BUCKLES

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

2233 SEWANEE ST.

City

LYNN HAVEN, FL.

FL

Zip Code

32444

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

Charles W. Buckles

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

(NOTE: Registered Agent signature required when reinstating)

January 21, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KINARD, LEE A
303 HARVARD BLVD.
LYNN HAVEN FL 32444

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BUCKLES, CHARLES W
2233 SEWANEE ST.
LYNN HAVEN FL 32444

☐ Delete

TITLE
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☐ Change ☐ Addition

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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:

Charles W. Buckles
CHARLES W. BUCKLES (Pres)

1-21-00

Date

850-265-5212

Daytime Phone #