

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057247

1. Entity Name

BUCKEYE LAND & DEVELOPMENT COMPANY OF FLORIDA, I

Principal Place of Business

7370 CABOT CT STE 102
MELBOURNE FL 32940
US

Mailing Address

7370 CABOT CT STE 102
MELBOURNE FL 32940
US

2. Principal Place of Business

6712 Susan Drive

Suite, Apt. #, etc.

Castalia, Ohio

City & State

44824

USA

Zip

Country

3. Mailing Address

5769 Hoffner Rd.

Suite, Apt. #, etc.

Suite 604

City & State

Orlando, FL

Zip

Country

USA

REINSTATEMENT

4. FEI Number

59-3382727

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWTHER, CHARLES W
8498 RIDGEWOOD AVE.
APT. 2205
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

Charles W. Lowther

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

5769 Hoffner Rd., Suite 604

City

Orlando

FL

Zip Code

32822

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. Lowther

Charles W. Lowther

President

11-24-2000

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD
NAME LOWTHER, CHARLES W
STREET ADDRESS 8498 RIDGEWOOD AVE. #2205
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE VPS
NAME VALLIERE, ALICE C
STREET ADDRESS 100 CHERRY ST.
CITY-ST-ZIP MELBOURNE FL 32901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P President
NAME Charles W. Lowther
STREET ADDRESS 5769 Hoffner Rd.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 000003493300-12/11/00-01037-013
****758.75 ****758.75 ☐ Change ☐ Addition

TITLE D Director
NAME Jay W. Nielsen, M.D.
STREET ADDRESS 798 Ashbury Rd.
CITY-ST-ZIP Perrysburg, Ohio 43551 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
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. Lowther

Charles W. Lowther

11-24-2000

321-482-2555

419-684-7436

0023735

CP2E034 (5/00)

KE