

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093287

1. Entity Name
COUNTRY LAND & DEVELOPMENT, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90041 036 ***150.00

Principal Place of Business

Mailing Address

8090 A1A
UNIT 407
ST AUGUSTINE FL 32086

8090 A1A
UNIT 407
ST AUGUSTINE FL 32086-8365

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8090 A1A SOUTH

Suite, Apt. #, etc.

8090 A1A SOUTH

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3360699

Applied For

Not Applicable

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

GRANO, CHARLES P
8090 A1A SO.
STE 407
ST AUGUSTINE FL 32086

Name GANO

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

UNIT 407

City

FL

Zip Code

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.

(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 \$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	PD GANO, CHARLES P 8090 A1A SOUTH, UNIT 407 ST. AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GANO, ANNIE M 8090 A1A SOUTH, UNIT 407 ST. AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELANEY, PHILIP A 1 SE 1ST AVE GAINESVILLE FL 32601	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 P. GANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-00
Date

(904) 460-9419
Daytime Phone #

CR2E034 (9/99)