

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90021 037 ***150.00

DOCUMENT # P95000093287

1. Entity Name
COUNTRY LAND & DEVELOPMENT, INC.

Principal Place of Business
8090 A1A SOUTH
UNIT 407
ST AUGUSTINE FL 32080

Mailing Address
8090 A1A SOUTH
UNIT 407
ST AUGUSTINE FL 32080

2. Principal Place of Business
8050 A1A South

Suite, Apt. #, etc.
Unit 408

City & State
St Augustine, FL

Zip
32080

Country

3. Mailing Address
8050 A1A South

Suite, Apt. #, etc.
Unit 408

City & State
St Augustine, FL

Zip
32080

Country



DO NOT WRITE IN THIS SPACE

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

GANO, CHARLES P
~~**8090 A1A SOUTH**~~ **8050 A1A SOUTH**
~~**UNIT 407**~~ **Unit 408**
ST AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 *Charles P. Gano* **Charles P. GANO**

03-14-02

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8050 A1A South, Unit 408	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8050 A1A South, Unit 408	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **CHARLES P. GANO**

03-14-02 (904) 460-9419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)