2000 UNIFORM BUSINESS REPORT (UBR)

May 08, 2000 8:00 am Secretary of State DOCUMENT # **P96000009609** LAND-CO BUILDERS, INC. 05-08-2000 90166 027 ***150.00 Principal Place of Business Mailing Address 11911 U.S. HIGHWAY ONE STE 201 11911 U.S. HIGHWAY ONE STE 201 L0082229E. PALM BEACH FL 33408 NO. PALM BEACH FL 33408-2862 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0712340 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK, ROBERT B ESQ. Street Address (P.O. Box Number is Not Acceptable) 11911 U.S. HIGHWAY ONE STE 201 NO. PALM BEACH FL 33408 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. * Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete -, Change TITLE TITLE COOK, STEPHEN D NAME NAME 11911 U.S. HIGHWAY ONE STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NO. PALM BEACH FL 33408 CITY-ST-ZIP DVT TITLE ☐ Addition ☐ Delete COPELAND, BRENT NAME NAME 11911 U.S. HIGHWAY ONE STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO. PALM BEACH FL 33408 ☐ Change □ Addition ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ппе ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if the under oath; that I am an officer or director of the corporation or the receiver or case if producered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED