

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023675

Entity Name
FLORIDA LANDHOLDINGS, INC.

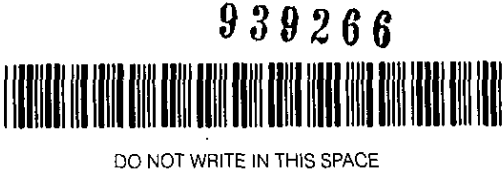
FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90099 035 ***150.00

Principal Place of Business
C BOX 152779
FL 33684-2779

Mailing Address
P O BOX 152779
TAMPA FL 33684-2779

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



4. FEI Number 59-3371598
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHAW, BILL M
550 N REO STREET STE 300
TAMPA FL 33609-1065

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERINO, JAMES L		NAME		
STREET ADDRESS	301 W 131 AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERINO, DAVID F		NAME		
STREET ADDRESS	9350 KENTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERINO, CHRISTOPHER F		NAME		
STREET ADDRESS	12400 N NEBRASKA AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERINO, ANTHONY J		NAME		
STREET ADDRESS	3512 CROAKER DR		STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL 34607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-10-2000 352684-1935
Date Daytime Phone #

CR2E034 (9/99)