

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90263 048 ***150.00

DOCUMENT # P96000023675

1. Entity Name
FLORIDA LANDHOLDINGS, INC.

Principal Place of Business

P O BOX 152779
TAMPA FL 33684-2779

Mailing Address

P O BOX 152779
TAMPA FL 33684-2779

2. Principal Place of Business
12400 N. NEBRASKA AVENUE

Suite, Apt. #, etc.

3. Mailing Address
12400 N. NEBRASKA AVENUE

Suite, Apt. #, etc.

City & State
TAMPA, FL.

Zip
33612

Country
U.S.A.

City & State
TAMPA, FL.

Zip
33612

Country
U.S.A.

4. FEI Number
NOT APPLICABLE

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**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **TERINO, JAMES L**
STREET ADDRESS **301 W 131 AVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☐ **Delete**
NAME **TERINO, DAVID F**
STREET ADDRESS **9350 KENTON ROAD**
CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE **D** ☐ **Delete**
NAME **TERINO, CHRISTOPHER F**
STREET ADDRESS **12400 N NEBRASKA AVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☐ **Delete**
NAME **TERINO, ANTHONY J**
STREET ADDRESS **16412 RAPPELO RD**
CITY-ST-ZIP **BROOKSVILLE FL 34601-5820**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02 3527841191

CR2E034 (9/01)