

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048362

1. Entity Name

LAND O'LAKES MARINE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90021 010 ***150.00

Principal Place of Business

Mailing Address

3208 LAND O'LAKES BLVD
 LAND O'LAKES FL 34639
 US

3208 LAND O'LAKES BLVD
 LAND O'LAKES FL 34639
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3392223

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIPPS, DAVID E SR
 3208 LAND O'LAKES BLVD
 LAND O'LAKES FL 34639

Name

David E. Hipps Jr.

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

3208 Land O'Lakes Blvd.

City

Land O'Lakes,

FL

Zip Code 34639

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 D ☒ Delete
 NAME HIPPS, DAVID E SR
 STREET ADDRESS 3208 LAND OLAKES BLVD
 CITY-ST-ZIP LAND O'LAKES FL

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

TITLE D ☐ Delete
 NAME HIPPS, DAVID E JR
 STREET ADDRESS 3208 LAND O'LAKES BLVD
 CITY-ST-ZIP LAND O'LAKES FL

TITLE ☐ Change ☐ Addition
 NAME
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 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 #

4-25-00

813-909-9200

CR2E034 (9/99)