

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000049372**

1. Entity Name

ENVIRONMENTAL LAND ACQUISITION, INC.**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90293 041 ***150.00

Principal Place of Business

Mailing Address

C/O KWW
20 N. ORANGE AVE., STE. 1000
ORLANDO FL 32801C/O KWW
20 N. ORANGE AVE., STE. 1000
ORLANDO FL 32801

2. Principal Place of Business

300 South Orange Avenue

3. Mailing Address

300 South Orange AvenueSuite, Apt. #, etc.
Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3388991

Applied For

Not Applicable

Zip

32801

Country

US

Zip

32801

Country

US5. 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

WRIGHT, KENNETH W
20 N ORANGE AVE
STE 1000
ORLANDO FL 32801Name **Kenneth W. Wright**

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

300 South Orange Avenue**Suite 1000**City **Orlando****FL**Zip Code
32801

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **WRIGHT, KENNETH W**
STREET ADDRESS **20 N. ORANGE AVE., STE. 1000**
CITY-ST-ZIP **ORLANDO FL 32801**TITLE **P/S-** ☒ Change ☐ Addition
NAME **Kenneth W. Wright**
STREET ADDRESS **300 South Orange Avenue, Suite 1000**
CITY-ST-ZIP **Orlando, Florida 32801**TITLE **D** ☒ Delete
NAME **MODICA, JAMES**
STREET ADDRESS **11614 OSPREY PTE BLVD**
CITY-ST-ZIP **CLERMONT FL**TITLE **VP/T** ☒ Change ☐ Addition
NAME **James Modica**
STREET ADDRESS **310 ALMOND STREET**
CITY-ST-ZIP **CLERMONT, FL 34711**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

4/17/01
Date**407-423-3200**
Daytime Phone #

CR2E034 (10/00)