

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90315 018 ***150.00

DOCUMENT # P96000058054

1. Entity Name

PBF LAND COMPANY

Principal Place of Business

257 GRANADA ROAD
WEST PALM BEACH FL 33401

Mailing Address

257 GRANADA ROAD
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0688582

Applied For

Not Applicable

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

CONWAY, JEANNE O
324 ROYAL PALM WAY
PALM BEACH FL 33480

Name CHARLES C. CHILLINGWORTH

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

257 Granada Rd.

City West Palm Beach

FL

Zip Code 33401

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.

CHARLES C. CHILLINGWORTH

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2001

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, 2001 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 DPT
NAME CHILLINGWORTH, CHARLES C ☐ Delete
STREET ADDRESS 257 GRANADA ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE V P/D
NAME MARY CATHERINE CHILLINGWORTH ☐ Change ☒ Addition
STREET ADDRESS 257 GRANADA Rd.
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE S
NAME FEKETE, HELEN K ☒ Delete
STREET ADDRESS 580 VILLAGE BLVD. STE 160
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

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

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

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TITLE
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CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition

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

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

CHARLES C. CHILLINGWORTH

Date

Daytime Phone #

4/30/2001 (661) 659-0720

CR2E034 (10/00)