2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081507 1. Entity Name LANDON DEVELOPMENT CORPORATION OF FLORIDA

Principal Place of Business

Mailing Address

626 GULF SHORE BLVD. SOUTH NAPLES FL 34102

POST OFFICE BOX 893

BLOOMFIELD HILLS MI 48303-0893

2. Principal Place of Business	3. Mailing	Address				
Suite, Apt. #, etc.	Suite, Ap	Suite, Apt. #, etc.				
City & State	City & St	City & State				
7in Con	inter 7 in	Country				

Apr 20, 2000 8:00 am Secretary of State

04-20-2000 90063 015 ***150.00



o, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. FEI Number 59-3405120				Applied For	
Ţ	Country	Zip	Coun	ountry 5.		Certificate of Status Desired		\$8.75 Additional		
6. Name a	and Address of Current F	legistered Agent			7. N	lame and Address of New Reg				
				Name						
ARONOFF, JANET 626 GULF SHORE BLVD. SOUTH				Street Address (P.O. Box Number is Not Acceptable)						
NAPLES FL 34102						-	FL	Zip Cod	le	
named entity	submits this statement for	the purpose of changing its	registere	ed office or regis	tered age	ent, or both, in the State of Florid	а.			
Sonature typed or	nunted name of reciptored agent as	d title if applicable (NO)	F: Registerer	1 Anent signsture redu	red when re	instating)	DATE			
					ad miorito					
Tax filing requirement and elects to do so. After MAY 1, 2000 Fe				will be \$550.00		10. Election Campaign Finan Trust Fund Contribution.			00 May Be d to Fees	
	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
1533 N. W	OODWARD STE. 340	☐ Delete	NAMI STRE	ET ADDRESS				Change	Addition	
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	OFF, JANET ULF SHORE IS FL 34102 Diamed entity standard entity	6. Name and Address of Current F OFF, JANET ULF SHORE BLVD. SOUTH S FL 34102 Tamed entity submits this statement for a signature, typed or printed name of registered agent and action is eligible to satisfy its Intangible quirement and elects to do so. The company of the	Country Contry Contr	Country Country Zip Country 6. Name and Address of Current Registered Agent OFF, JANET ULF SHORE BLVD. SOUTH S FL 34102 Interest of purpose of changing its registered agent and title if applicable. Interest of purpose of changing its registered agent and title if applicable. (NOTE: Registered agent and title if applicable. Interest of purpose of changing its registered agent and title if applicable. (NOTE: Registered Agent (NOTE:	Country Country Country Country Country Country Country Name Street Address Street Address Street Address Street Address City City	Country Zip Country Zip Country 5. Country 5. Country Street Address of Current Registered Agent Name Street Address (P.O. B. Street Address (P.O. B. Street Address (P.O. B. City City City Agnature, typed or printed name of registered agent and tale if applicable Agnature, typed or printed name of registered agent and tale if applicable Agnature, typed or printed name of registered agent and tale if applicable City City City City City FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State P ARONOFF, DANIEL 1533 N. WOODWARD STE. 340 BLOOMFIELD HILLS MI Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP AMAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP AMAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Country Country Zip Country 5. Certificate of Status Desired Name Name Street Address of Current Registered Agent 7. Name and Address of New Regi Name Street Address (P.O. Box Number is Not Acceptable) City City City City City City The Election Campaign Finance and entity submits this statement for the purpose of changing its registered agent agent, or both, in the State of Florid agentus, typed or predict name of registered agent and idea if applicable. THOTE Registered Agent signature required when revealating) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PARONOFF, DANIEL 1533 N. WOODWARD STE. 340 BLOOMFIELD HILLS MI Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2P Delete SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CIT	Country Country Zip Country 5. Certificate of Status Desired Name 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent OFF, JANET ULF SHORE BLVD. SOUTH SFL 34102 City FL amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL Address Status States agent and title it applicable. (hOTE Registered Agent agenture required when rendealing) DATE ATTER BY 1, 2000 Fee will be \$550.00 After MAY 1, 2	Country Zip Country 5. Certificate of Status Desired S8.75 And Face Require 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OFF, JANET JUF SHORE BLVD. SOUTH Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod After May 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS PARONOFF, DANIEL STREET ADDRESS CITY-S1-Zip Delete TITLE NAME STREET ADDRESS CITY-S1-Zip Delete TITLE Change Cha	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or office 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: