

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90095 020 ***150.00

DOCUMENT # P96000081507

1. Entity Name
LANDON DEVELOPMENT CORPORATION OF FLORIDA



Principal Place of Business
**626 GULF SHORE BLVD. SOUTH
NAPLES FL 34102**

Mailing Address
**POST OFFICE BOX 893
BLOOMFIELD HILLS MI 48303**



2. Principal Place of Business
800 SEAGATE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

City & State

City & State

NAPLES, FL

Zip
34103

Country

Zip

Country

4. FEI Number **59-3405120**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARONOFF, JANET
626 GULF SHORE BLVD. SOUTH
NAPLES FL 34102**

Name

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

800 SEAGATE DRIVE SUITE 302

City **NAPLES**

FL

Zip Code **34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ARONOFF, DANIEL**
STREET ADDRESS **38500 WOODWARD AVE STE 310**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

1-8-03 248-642-0190

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DANIEL ARONOFF**

Date Daytime Phone #

CR2E034 (10/02)