

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 96-000090173

1. Entity Name

F + E Land Company

FILED

02 MAR -1 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3520 Thomasville Rd

Suite, Apt. #, etc.

4th FL

City & State

Tallahassee FL

Zip

32308

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

Tallahassee FL

Zip

32308

Country

USA

4. FEI Number

593415805

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FRANK S SHAW III

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

3520 Thomasville Rd 4th FL

City

Tallahassee

FL

Zip Code

32308

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVP

FRANK S SHAW III

3520 Thomasville Rd 4th FL

Tallahassee FL 32308

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

300005073653--4

-03/08/02--01065--017

****150.00 ****150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

ERIC L LARSON

579 Miccosukee Rd

Tallahassee FL 32308

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ERIC L LARSON

3-1-02

222 4158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)