

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102419

1. Entity Name

NEW LAND HOMES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90294 041 ***158.75

Principal Place of Business

Mailing Address

1837 WOODHAVEN LANE
 SARASOTA FL 34232

1837 WOODHAVEN LANE
 SARASOTA FL 34232-3426

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

65-0729522

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

NEWLAND, BARBARA A
 5304 MYRTLEWOOD
 SARASOTA FL 34235

Name

NEWLAND, BARBARA A

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

1837 WOODHAVEN LANE

City

SARASOTA

FL

Zip Code

34232

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

Barbara A. Newland

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

(NOTE: Registered Agent signature required when reinstating)

4.24.00

DATE

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS NEWLAND, BARBARA A
 CITY-ST-ZIP 5304 MYRTLEWOOD
 SARASOTA FL 34235

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1837 WOODHAVEN LANE
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ 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:

Barbara A. Newland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA A. NEWLAND

04.24.00

Date

941 378 4541

Daytime Phone #

CR2E034 (9/99)