

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90369 003 \*\*\*150.00

**DOCUMENT # P97000018736**

1. Entity Name

**UNITED LAND DEVELOPERS, INC.**

Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD  
 1836  
 JACKSONVILLE FL 32207  
 US

1301 RIVERPLACE BLVD  
 1836  
 JACKSONVILLE FL 32207-9022  
 US

2. Principal Place of Business

**3423 MAYFLOWER ST.**

3. Mailing Address

**3423 MAYFLOWER ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL.**

City & State

**JACKSONVILLE, FL.**

Zip

Country

Zip

Country

**32205**

**DUVAL**

**32205**

**DUVAL**

6. Name and Address of Current Registered Agent

**MORROW, THOMAS F ESQ**  
**1301 RIVERPLACE BLVD**  
**STE 1836**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name  
**MORROW, THOMAS F. ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3707 HENDRICKS AVENUE**  
 City  
**JACKSONVILLE** **FL** Zip Code  
**32207**

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

*Thomas F. Morrow*  
 Signature, typed or printed name of registered agent and title if applicable.

*Thomas F. Morrow Esq*  
 (NOTE: Registered Agent signature required when reinstating)

**4/21/2000**  
 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

TITLE **PD** ☐ Delete  
 NAME **KEHOE, WALTER A**  
 STREET ADDRESS **1301 RIVERPLACE BLVD, STE 1836**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **KEHOE, WALTER A.**  
 STREET ADDRESS **3423 MAYFLOWER ST.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 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)(l), 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:

*Walter A. Kehoe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WALTER A. KEHOE, PRES/DIRECTOR**

Date

Daytime Phone #

**4/20/2000 904 398-0333**

CR2E034 (9/99)