

# 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 1301 RIVERPLACE BLVD 1836 JACKSONVILLE FL 32207 US	Mailing Address 1301 RIVERPLACE BLVD 1836 JACKSONVILLE FL 32207-9022 US
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2. Principal Place of Business <b>3423 MAYFLOWER ST.</b> Suite, Apt. #, etc.	3. Mailing Address <b>3423 MAYFLOWER ST.</b> Suite, Apt. #, etc.
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City & State <b>JACKSONVILLE, FL.</b>	City & State <b>JACKSONVILLE, FL.</b>	4. FEI Number <b>59-3508197</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32205</b>	Country <b>DUVAL</b>	Zip <b>32205</b>	Country <b>DUVAL</b>



DO NOT WRITE IN THIS SPACE

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  
**MCMORROW, 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* **Thomas F. Morrow, Esq** **4/21/2000**  
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.  **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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>KEHOE, WALTER A</b>	
STREET ADDRESS <b>1301 RIVERPLACE BLVD, STE 1836</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32207</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEHOE, WALTER A.</b>	
STREET ADDRESS <b>3423 MAYFLOWER ST.</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32205</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* **WALTER A. KEHOE, PRES/DIRECTOR** **4/20/2000** **904 398-0333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)