

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018798

1. Entity Name

RESIDENTIAL LAND CORPORATION

FILED

00 FEB 10 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

11 CHURCH ST
STE 200
TORONTO ON M5E 1-1
US

11 CHURCH ST
STE 200
TORONTO ON M5E 1
US

2. Principal Place of Business

11 CHURCH STREET

3. Mailing Address

11 CHURCH STREET

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

TORONTO, ON

City & State

TORONTO, ON

Zip

M5E 1W1

Country

CA

Zip

M5E 1W1

Country

CA

4. FEI Number

59-3435064

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

SMITH, RALPH
14237 LAKE UNDERHILL ROAD
ORLANDO FL 32828

Name

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

City

FL

Zip Code

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
STEIN, MICHAEL
11 CHURCH ST #200
TORONTO ON ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
00000031695403
-03/14/00--01111--012
****150.00 ****150.00 ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BHARUCHA, YARDI
11 CHURCH STREET, STE. 200
TORONTO, ON M5E 1W1 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JACOBSON, RUSSELL
11 CHURCH STREET, STE. 200
TORONTO, ON M5E 1W1 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
POWERS, THOMAS E.
11 CHURCH STREET, STE. 200
TORONTO, ON M5E 1W1 ☐ Change ☒ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 4, 2000

Date

(416) 861-5787

Daytime Phone #

CR2000-10/001