## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P97000026736** Jun 08, 2000 8:00 am **Secretary of State** WILLIAMS LAND HOLDING COMPANY 06-08-2000 90040 024 \*\*\*550.00 Mailing Address Principal Place of Business P O BOX 945 9806 DETROP ST. RUSKIN FL 33570-0945 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address 3273 Sherman St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3441977 Englewood, FL Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required .... ~34224-U.S. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Williams, William R</u> WILLIAMS, WILLIAM R Street Address P.O. Box Number a Not Acceptable) 9806 DETROP ST. **RIVERVIEW FL 33570** CitEnglewood Zig God 24 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. William R. Williams, Jr.- DV 6/01/2000 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 Mav Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ٦x OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change 1 ☐ Addition ☐ Delete TITLE DP WILLIAMS, WILLIAM R NAME NAME Williams, William R. STREET ADDRESS STREET ADDRESS 9806 DETROP ST. 3273 Sherman St. CITY-ST-7/P CITY-ST-ZIP RIVERVIEW FL 33569 Englewood, FL 34224 ☐ Addition Change ☐ Delete TITLE TITLE WILLIAMS, WILLIAM R JR. NAME NAME 9929 BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GIBSONTON FL 33534 DST **Change** ☐ Addition Delete TITLE Williams, Linda C. WILLIAMS, LINDA C NAME NAME STREET ADDRESS 3273 Sherman St. STREET ADDRESS 9806 DETROP ST. CITY-ST-ZIP CITY-ST-ZIP Englewood, FL 34224 RIVERVIEW FL 33569 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #

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