

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000060734**

1. Entity Name

MUTUAL LAND DEVELOPMENT CO.**FILED****Feb 07, 2000 8:00 am
Secretary of State**

02-07-2000 90006 013 ***158.75

Principal Place of Business

Mailing Address

11300 U.S. HIGHWAY ONE
SUITE 203
NO PALM BEACH FL 33408
US11300 U.S. HIGHWAY ONE
SUITE 203
NO PALM BEACH FL 33408-3208
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0773352

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FRICKER, H MAX
11300 US HIGHWAY ONE, SUITE 203
NORTH PALM BEACH FL 33408-3208**

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	DP	<input type="checkbox"/> Delete
NAME	FIRCKER, H MAX	
STREET ADDRESS	11300 U.S. HIGHWAY ONE., SUITE 203	
CITY-ST-ZIP	NO PALM BEACH FL 33408	

TITLE	DV	<input type="checkbox"/> Delete
NAME	SEDLAK, INGRID	
STREET ADDRESS	11300 U.S. HIGHWAY ONE, SUITE 203	
CITY-ST-ZIP	NO PALM BEACH FL 33408	

TITLE	DT	<input type="checkbox"/> Delete
NAME	SEDLAK, WILHELM	
STREET ADDRESS	11300 U.W. HIGHWAY ONE, SUITE 203	
CITY-ST-ZIP	NO PALM BEACH FL 33408	

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 561-625-1005