

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90010 018 ***150.00

DOCUMENT # **P 970000 73039**

1. Entity Name

STOCKBRIDGE LAND ACQUISITION COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 E. COLONIAL DR.

Suite, Apt. #, etc.

1404

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

4. FEI Number

59-3468528

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RAMSEY W. DUNN

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

201 E. PINE STREET

SUITE 425

City

ORLANDO

FL

Zip Code

32801

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
JEFFREY L. KLEIN
400 E. COLONIAL DRIVE, # 1404
ORLANDO, FLORIDA 32803**

TITLE
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CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY L. KLEIN
PRESIDENT**

4/30/02 407 970-9445

DATE

Daytime Phone #

CR2E034B (12/01)