

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093716

1. Entity Name

FOWL LAND COMPANY, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90102 022 \*\*\*150.00

Principal Place of Business

Mailing Address

1300 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168

1300 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168-6008

2. Principal Place of Business

5604 S. Ridgewood Av

3. Mailing Address

P.O. Box 290969

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

59-3476911

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32168-0969

Country

USA

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

WILSON, DONALD  
1300 NORTH DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168

Name

Donald Wilson

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

5604 S. Ridgewood Av

City

Port Orange, FL

FL

Zip Code

32127

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

Donald Wilson

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 ☐ Delete  
NAME WILSON, DONALD W  
STREET ADDRESS 1300 N DIXIE FREEWAY  
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE ☒ Change ☐ Addition  
NAME 5604 S. Ridgewood Av  
STREET ADDRESS Port Orange, FL 32127  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME PEACOCK, JAMES R SR  
STREET ADDRESS 1300 N DIXIE FREEWAY  
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE ☒ Change ☐ Addition  
NAME 5604 S. Ridgewood Av  
STREET ADDRESS Port Orange, FL 32127  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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 life empowered.

SIGNATURE:

Donald W. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)