

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # **P 97000098675**
 1. Entity Name **Merritt Island Land Trust Inc**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV -6 PM 3:16

Principal Place of Business Mailing Address

2. Principal Place of Business **580 W. Merritt Island Cswy**
 Suite, Apt. #, etc.

3. Mailing Address **Same**
 Suite, Apt. #, etc.

City & State **Merritt Island Fla**
 Zip **32952** Country

4. FEI Number **59-3480277**
 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Sundin, Glenn T.
835 South Glumosa Street
Merritt Island Fla 32952

7. Name and Address of New Registered Agent

Name **Joe Teague Caruso**
 Street Address (P.O. Box Number is also acceptable) **800 E. Merritt Island Cswy**
Suite 200
 City **Merritt Island** FL Zip Code **32952**

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 of New or Current Registered Agent (NOTE: Registered Agent signature required when reinstating)

DATE **11-2-00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAH, Mahesh R	
STREET ADDRESS	420 High Point Dr.	
CITY-ST-ZIP	Cocoa FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ric E. Griggs	
STREET ADDRESS	580 W. Merritt Island Cswy	
CITY-ST-ZIP	Merritt Island Fla 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 powers.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Ric E. Griggs President**

DATE **11-2-00** DAYTIME PHONE # **324 459-3759**

CR2E034 (5/00)