2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P98000053676** 1. Entity Name S & S EQUITY LAND BANK CORPORATION 01-19-2000 90090 033 ***150.00 Mailing Address Principal Place of Business 2801 EVANS STREET 2801 EVANS STREET HOLLYWOOD FL 33020-1119 HOLLYWOOD FL 33020 004410 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0852060 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name "Stampler, Harry P Street Address (P.O. Box Number is Not Acceptable) 2801 EVANS STREET HOLLYWOOD FL 33020 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Change Addition ☐ Delete TITLE STAMPLER, HARRY P NAME NAME STREET ADDRESS STREET ADDRESS 2801 EVANS STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 □ Addition ☐ Change Delete TITLE TITLE SINGER, RANDY NAME STREET ADDRESS STREET ADDRESS 2801 EVANS STREET CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL 33020 ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing does and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and accur of the corporation or the receiver or truste changed, or on an attachment with

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ∠

STREET ADDRESS

CITY-ST-7IP

SIGNATURE A PED OR PRINTED NAME OF SIG

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