2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000057886 Mar 20, 2000 8:00 am 1. Entity Name Secretary of State GEORGIA LAND ACQUISITION, INC. 03-20-2000 90014 046 ***150.00 Mailing Address Principal Place of Business 353 WINDOW ROCK DR PO BOX 1028 WELLINGTON FL 33414 WEST PALM BEACH FL 33402-1028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0861160 Not Applicable Zip . Country \$8.75 Additional Zip ______ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZIMMERMAN, GEORGE W SR Street Address (P.O. Box Number is Not Acceptable) 353 WINDOW ROCK DR **WELLINGTON FL 33414** 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE TITLE ☐ Delete ZIMMERMAN, GEORGE W SR NAME NAME STREET ADDRESS 353 WINDOW ROCK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME ZIMMERMAN, DEBORAH M NAME STREET ADDRESS 353 WINDOW ROCK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Addition Delete -TITLE ☐ Change TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at 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 13. I hereby certify that the information sur ndicatéd on this report or sup of the corporation or the rec changed, or on an attachy