

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000748357

1. Entity Name
PACIFIC LAND MANAGEMENT COMPANY

Principal Place of Business

503 10TH ST. W.
PALMETTO FL 34221

Mailing Address

503 10TH ST. W.
PALMETTO FL 34221

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CARRAWAY, MAC
503 10TH ST. W.
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2001 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

TITLE	D	☐ Delete
NAME	ESFORMES, JOSEPH	
STREET ADDRESS	503 10TH ST. W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	☐ Delete
NAME	ESFORMES, NATHAN J	
STREET ADDRESS	503 10TH ST. W.	
CITY-ST-ZIP	PALMETTO PARK FL 34221	
TITLE	D	☐ Delete
NAME	HELLER, HARVEY R	
STREET ADDRESS	288 9TH ST.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	☐ Delete
NAME	FALK, HARRY H	
STREET ADDRESS	288 9TH ST.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	ST	☐ Delete
NAME	CARRAWAY, MAC	
STREET ADDRESS	503 10TH ST W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90091 010 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0872211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

1/9/01

941-722-3291