

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91625 002 ***150.00

DOCUMENT # P98000086097

1. Entity Name

RODGERS BROTHERS LAND COMPANY

Principal Place of Business

**26730 US HWY 27
 LEESBURG FL 34748
 US**

Mailing Address

**P.O. BOX 1555
 VENICE FL 34284**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0873531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RODGERS, SAM R
 575 CENTER RD.
 VENICE FL 34293**

7. Name and Address of New Registered Agent

Name

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

1265 Horse & Chaise Blvd

P.O. Box 1555

City

Venice

FL

Zip Code
34284

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **RODGERS, SAM R**
 CITY-ST-ZIP **448 BAYSHORE DR
 VENICE FL 34285**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **RODGERS, REX S**
 CITY-ST-ZIP **227 S HARBOR DR
 VENICE FL 34285**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **RODGERS, RICHARD**
 CITY-ST-ZIP **4525 NUNNSWOOD LN
 LAKE LAND FL 33809**

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **RODGERS, MARY A**
 CITY-ST-ZIP **448 BAYSHORE DR
 VENICE FL 34285**

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **DIXON, KATHLEEN S**
 CITY-ST-ZIP **1612 LILLIPUT COURT
 VENICE FL**

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 **6934 Woodmore Terrace**
 CITY-ST-ZIP **Bradenton, FL 34202**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. Box 1313**
 CITY-ST-ZIP **Osprey, FL 34229-1313**

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 #

CR2E034 (9/01)