

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100551

1. Entity Name

THE LANDINGS OF CITRUS COUNTY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90134 013 ***150.00

Principal Place of Business

Mailing Address

2915 S. LOCHVERNESS PT.
INVERNESS FL 34450

2915 S. LOCHVERNESS PT.
INVERNESS FL 34292-2414

00008838

2. Principal Place of Business

3. Mailing Address

2702 Norwood Ln

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Zip

34292

Country

USA

Zip

Country

4. FEI Number

65-0883559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, STEVEN L
2915 S. LOCHVERNESS PT.
INVERNESS FL 34450

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

1-11-00

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 \$150.00
After MAY 1, 2000 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 PTS
NAME GRAY, STEVEN L
STREET ADDRESS 2915 S. LOCHVERNESS PT.
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE VP
NAME BOURKE, ROBERT
STREET ADDRESS 106 FOX CHASE COURT
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS
NAME Gray, Steven L ☐ Change ☐ Addition
STREET ADDRESS 2702 Norwood Ln
CITY-ST-ZIP Venice FL 34292

TITLE VP
NAME Bourke Bob ☐ Change ☐ Addition
STREET ADDRESS Same
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

1-11-00