

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P98000100551

1. Entity Name

The Landings of Citrus County, Inc.

Principal Place of Business

2702 Norwood Lane
Venice, FL 34292

Mailing Address

same

FILED

00 AUG 10 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

106 Fox Chase Ct.

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DeBary, FL

Zip

32713

Country

USA

City & State

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

*Gray, Steven L.
2915 S. Lockverness Pt.
Inverness, FL 34450*

7. Name and Address of New Registered Agent

Name

Daniel L. Prewett

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

5777 Geneva Road South

City

Sarasota

FL

Zip Code

34233

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

Daniel L. Prewett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-4-00

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, 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 *2702 Norwood Lane*
CITY-ST-ZIP *Venice, FL 34292*

☒ Delete

TITLE *VP*
NAME *Bourke, Robert*
STREET ADDRESS *106 Fox Chase Court*
CITY-ST-ZIP *DeBary, FL 34713*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE *Pres, Treas, Sec.*
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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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:

Robert L. Bourke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-00

Date

407-668-9872

Daytime Phone #

CR2E034 (9/99)