

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90107 018 ***150.00

DOCUMENT # P98000106147

1. Entity Name

A.D. LAND HOLDINGS, INC.

Principal Place of Business

Mailing Address

7000 WEST PALMETTO PARK ROAD
 SUITE 400
 BOCA RATON FL 33433

7000 WEST PALMETTO PARK ROAD
 SUITE 400 200
 BOCA RATON FL 33433-3425

2. Principal Place of Business

3. Mailing Address

301 SEACREST RD.
 Suite, Apt. #, etc.
 1051

7000 W. PALMETTO PARK RD
 Suite, Apt. #, etc.
 200

City & State
 LARGO FL

City & State
 BOCA RATON FL

Zip
 33771

Country
 U.S.A.

Zip
 33433

Country
 U.S.A.

4. FEI Number 65-0886369

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

GARELLEK, STEVEN
 7000 WEST PALMETTO PARK ROAD
 SUITE 400
 BOCA RATON FL 33433

Name
 STEVEN GARELLEK
 Street Address (P.O. Box Number is Not Acceptable)
 Suite 200
 7000 W. PALMETTO PARK RD
 City BOCA RATON FL Zip Code 33433

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	HARTENFELD, EDWARD	
STREET ADDRESS	86 GUIDED COURT #23	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CAN M9V- 4K6	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 14, 2000 727-546-4447

CR2E034 (9/99)