

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90472 012 \*\*\*150.00

DOCUMENT # P 990000 13516

1. Entity Name

STILLWATERS LAND Company

**DO NOT WRITE IN THIS SPACE**

80069139

2. Principal Place of Business

1601 Forum Place

3. Mailing Address

1601 Forum Place

Suite, Apt. #, etc.

Suite 603

Suite, Apt. #, etc.

Suite 603

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

4. FEI Number

05-0895123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Boose, William RITE, Esq.

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

512 North Flagler Dr, #1900

City

West Palm Beach FL

Zip Code

33401

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME Geller, HARVEY  
STREET ADDRESS 1601 Forum Place, #603  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY Geller

4/1/02 561-616-3330

Date

Daytime Phone #