

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90101 013 \*\*\*150.00

**DOCUMENT # P99000033236**

1. Entity Name  
**MILL LANDING GENERAL CORP.**

Principal Place of Business  
**600 CLEVELAND ST**  
**STE-670**  
**CLEARWATER FL 33755**

Mailing Address  
**600 CLEVELAND ST**  
**STE-670**  
**CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 460**

Suite, Apt. #, etc.  
**Suite 460**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3572196**

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

**B&C CORPORATE SERVICES CENTRAL FLORIDA INC**  
**390 N ORANGE AVE**  
**SUITE 1100**  
**ORLANDO FL 32801**

Name **Elise K. Winters**

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

**600 Cleveland St.**

**Suite 940**

City **Clearwater**

FL

Zip Code

**33755**

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 date 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: ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 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  
 NAME **D REYNOLDS, CLIFFORD W**  
 STREET ADDRESS **600 CLEVELAND ST SUITE-990 460**  
 CITY-ST-ZIP **CLEARWATER FL 33755**

☐ Delete

TITLE  
 NAME **D REYNOLDS, ELOISE**  
 STREET ADDRESS **600 CLEVELAND ST SUITE-990 460**  
 CITY-ST-ZIP **CLEARWATER FL 33755**

☐ 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

TITLE  
 NAME **Suzanne Bessler**  
 STREET ADDRESS **600 Cleveland Street**  
 CITY-ST-ZIP **Suite 460**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Clearwater, FL 33755**  
**Suite 460**

☒ 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

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:

**Suzanne Bessler**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/04/01**  
 Date

**727-449-8788**  
 Daytime Phone #

CR2E034 (10/00)