

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000050323**

1. Entity Name

LANDINGS OF INVERRARY INVESTMENTS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90150 045 ***150.00

A0058656



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O TAM REAL ESTATE FLORIDA, INC.
8556 PALM PARKWAY
ORLANDO FL 32836**

Mailing Address
**C/O TAM REAL ESTATE FLORIDA, INC.
8556 PALM PARKWAY
ORLANDO FL 32836**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FPI Number **59-3579744**

Applied For
Not Acceptable

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

**VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE SUITE 500 EAST
WEST PALM BEACH FL 33401**

Name

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

City

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 and date.

(NOTE: Registered Agent Signature required when re-registering)

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, 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	D	☐ Delete
NAME	HASHWANI, HATIM	
STREET ADDRESS	8556 PALM PARKWAY	
CITY-STATE-ZIP	ORLANDO FL 32836	
TITLE	D	☐ Delete
NAME	AL-SAYED, EBRAHIM S	
STREET ADDRESS	8556 PALM PARKWAY	
CITY-STATE-ZIP	ORLANDO FL 32836	
TITLE	D	☐ Delete
NAME	CLARK, SUSAN I	
STREET ADDRESS	8556 PALM PARKWAY	
CITY-STATE-ZIP	ORLANDO FL 32836	
TITLE	D	☐ Delete
NAME	LOTTERMAN, MARK	
STREET ADDRESS	3640 CLUB DRIVE	
CITY-STATE-ZIP	AVENTURA FL 33180	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/23/01

CH2E034 (10/00)