

5/21

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-21-2002 91171 003 ***150.00

DOCUMENT # P99000052648

1. Entity Name

CENTRAL FLORIDA LAND COMPANY

Principal Place of Business

Mailing Address

625 MACY AVENUE
LAKE HELEN FL 32744-3417
625 MACY AVENUE
LAKE HELEN FL 32744-3417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3694858
APPLIED FOR

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

FEATHER, ROBERT G
625 MACY AVENUE
LAKE HELEN FL 32744-3417

Name

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

City

FL

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 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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FEATHER, ROBERT G 625 MACY AVENUE LAKE HELEN FL 32744-3417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

26 Apr 02

Date

386-228-2825

Daytime Phone #

CR2E034 (9/01)



Attachment
38016

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 30, 2002

CENTRAL FLORIDA LAND COMPANY
625 MACY AVENUE
LAKE HELEN, FL 32744-3417

Subject: **CENTRAL FLORIDA LAND COMPANY**

Reference Number: **P99000052648**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/LW

ANNUAL REPORTS SECTION

Attachment P99000052648 38010

Form **SS-4**

Application for Employer Identification Number

EIN **04-3694858**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Central Florida Land Company	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code	5b City, state, and ZIP code
	6 County and state where principal business is located	
	7a Name of principal officer, general partner, grantor, owner, or trustee Robert E. Foster	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust (SSN of grantor)
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other nonprofit organization (specify) ▶	Group Exemption Number (GEN) ▶
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Created a trust (specify type) ▶
<input type="checkbox"/> Other (specify) ▶ As per State	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) 6/7/99	11 Closing month of accounting year Dec
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ Don't know

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶	Agricultural <input type="checkbox"/>	Household <input type="checkbox"/>	Other <input type="checkbox"/>
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14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker		
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance			

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.	Legal name ▶	Trade name ▶
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16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ()
Signature ▶		Date ▶