

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082954

1. Entity Name
UNION LAND & CATTLE COMPANY

Principal Place of Business

234 SOUTH MAIN STREET
GAINESVILLE FL 32601

Mailing Address

234 SOUTH MAIN STREET
GAINESVILLE FL 32601

2. Principal Place of Business

Rt 2 Box 713

3. Mailing Address

Rt 2 Box 713

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Butler FL

City & State

Lake Butler FL

Zip

32054

Country

USA

Zip

32054

Country

USA

4. FEI Number

APPLIED FOR
59-3623474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGIN, CANDACE A
ROUTE 2 BOX 713
LAKE BUTLER FL 32054

Name

MM Chastain

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

City

Lake Butler

FL

Zip Code

32054

7. Name and Address of New Registered Agent

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

MM Chastain

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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 State10. 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

CR2E034 (10/00)

TITLE	President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MM Chastain		NAME	
STREET ADDRESS	Rt 2 Box 713		STREET ADDRESS	
CITY-ST-ZIP	Lake Butler FL 32054		CITY-ST-ZIP	
TITLE	V-Pres	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Candace Burgin		NAME	
STREET ADDRESS	Rt 2 Box 713		STREET ADDRESS	
CITY-ST-ZIP	Lake Butler FL 32054		CITY-ST-ZIP	
TITLE	Sec -reas	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julia R. Chastain		NAME	
STREET ADDRESS	Rt 2 Box 713		STREET ADDRESS	
CITY-ST-ZIP	Lake Butler FL 32054		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: *MM Chastain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (904)496-3420

Date

Daytime Phone #

0038370