

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90313 001 \*\*\*\*\*8.75  
 05-05-2001 90313 002 \*\*\*150.00

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

3. Mailing Address  
**Rt 2 Box 713**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Lake Butler FL**  
 Zip  
**32054**  
 Country  
**USA**

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**Lake Butler FL**  
 Zip  
**32054**  
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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**

**7. Name and Address of New Registered Agent**

Name **M-M Chastain**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Rt 2 Box 713**  
 City **Lake Butler** FL Zip Code **32054**

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 **M-M Chastain** **4/20/01**  
 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, 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	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>M-M Chastain</b>	
STREET ADDRESS	<b>Rt 2 Box 713</b>	
CITY-ST-ZIP	<b>Lake Butler FL 32054</b>	
TITLE	<b>V-Pres</b>	<input type="checkbox"/> Delete
NAME	<b>Candace Burgin</b>	
STREET ADDRESS	<b>Rt 2 Box 713</b>	
CITY-ST-ZIP	<b>Lake Butler FL 32054</b>	
TITLE	<b>Sec - Treas</b>	<input type="checkbox"/> Delete
NAME	<b>Julia R. Chastain</b>	
STREET ADDRESS	<b>Rt 2 Box 713</b>	
CITY-ST-ZIP	<b>Lake Butler FL 32054</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **M-M Chastain** **4/20/01 (904) 496 3420**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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