

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90031 018 \*\*\*150.00

**DOCUMENT # P99000098517**

1. Entity Name  
**WILLOUGHBY LAND COMPANY**

Principal Place of Business 2006 S.E. COVE ROAD STUART FL 34997	Mailing Address 2006 S.E. COVE ROAD STUART FL 34997
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1019263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GORVEL, ERNEST**  
**800 ST. LUCIE CRESCENT**  
**STUART FL 34994**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GORVEL, ERNEST</b>
STREET ADDRESS	<b>800 ST. LUCIE CRESCENT</b>
CITY-ST-ZIP	<b>STUART FL 34994</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DICK, ROBERT H</b>
STREET ADDRESS	<b>691 N.W. SUNSET DRIVE</b>
CITY-ST-ZIP	<b>STUART FL 34994</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARACAPPA, LEONARD</b>
STREET ADDRESS	<b>1465 S.W. ALIGATOR STREET</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DELVECCHIO, JOSEPH</b>
STREET ADDRESS	<b>1901 S.E. ST. LUCIE BLVD.</b>
CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 lines empowered.

SIGNATURE: \_\_\_\_\_ **4/24/01 561-287-1314**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)