

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90025 040 \*\*\*158.75

**DOCUMENT # P99000102995**

1. Entity Name

**MAYNARD BROTHERS LAND COMPANY, INC.**

Principal Place of Business

**1504 CORTEZ BLVD.  
FT. PIERCE FL 34982**

Mailing Address

**1504 CORTEZ BLVD.  
FT. PIERCE FL 34982**

2. Principal Place of Business

**5342 CHICOPA ST NW**

Suite, Apt. #, etc.

3. Mailing Address

**5342 CHICOPA ST NW**

Suite, Apt. #, etc.

City & State

**PORT ST. LUCIE FL**

City & State

**PORT ST. LUCIE FL**

Zip

**34983**

Country

Zip

**34983**

Country

4. FEI Number

**59-3610103**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAYNARD, KENNETH M  
1504 CORTEZ BLVD.  
FT. PIERCE FL 34982**

7. Name and Address of New Registered Agent

Name **HAROLD KEITH MAYNARD**

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

**5342 CHICOPA ST NW**

City

**PORT ST. LUCIE**

**FL**

Zip Code

**34983**

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 **HAROLD KEITH MAYNARD**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/29/01**

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

TITLE **D** ☐ Delete  
NAME **MAYNARD, KENNETH A**  
STREET ADDRESS **1504 CORTEZ BLVD.**  
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE **D** ☐ Delete  
NAME **MAYNARD, CONARD C**  
STREET ADDRESS **7811 JOHNSON CREEK RD.**  
CITY-ST-ZIP **COVINGTON VA 24426**

TITLE **D** ☐ Delete  
NAME **MAYNARD, JERRY L**  
STREET ADDRESS **10728 HITE CREEK RD.**  
CITY-ST-ZIP **LOUISVILLE KY 40241**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition  
NAME **MAYNARD, KENNETH M**  
STREET ADDRESS **7811 JOHNSON CREEK ROAD**  
CITY-ST-ZIP **COVINGTON VA 24426**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **MAYNARD, HAROLD KEITH**  
STREET ADDRESS **5342 CHICOPA ST NW**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Kenneth M. Maynard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/2001**

Date

**540-962-2763**

Daytime Phone #

CR2E034 (10/00)