

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90029 013 ***158.75

DOCUMENT # S11176

1. Entity Name
SANLANDO LAND, INC.

Principal Place of Business

Mailing Address

2100 W SR 434
 SUITE C
 LONGWOOD FL 32779
 US

2100 W SR 434
 SUITE C
 LONGWOOD FL 32779
 US

00026388



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2100 W. SR 434

Suite, Apt. #, etc.

SUITE C

City & State

LONGWOOD

Zip

32779

Country

SEMI-SOLE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3047403

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

MAISE, DOUGLAS, S.
2476 VIA GENOVA
APOPKA FL 32712

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP | P MAISE, DOUGLAS S 308 ADAIR AVE. LONGWOOD FL 32750 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DOUGLAS S. MAISE 2100 W. SR 434, SUITE C LONGWOOD, FL 32779 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-P MAISE, CONSTANCE L. | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT MAISE, CONSTANCE 2100 W. SR 434, SUITE C LONGWOOD, FL 32779 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-P MAISE, CHARLES D. 2100 W. SR 434, SUITE C LONGWOOD, FL 32779 | <input type="checkbox"/> Change <input checked="" 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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| 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 |

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

DOUGLAS S. MAISE

Date

2/20/2000

Daytime Phone #

407-682-7747

CR2E034 (9/99)