

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30518

1. Entity Name

UNITED LAND CORPORATION

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90047 038 \*\*\*150.00

Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD  
SUITE 1836  
JACKSONVILLE FL 32207  
US

1301 RIVERPLACE BLVD  
SUITE 1836  
JACKSONVILLE FL 32207-9022  
US

2. Principal Place of Business

3423 MAYFLOWER ST.

3. Mailing Address

3423 MAYFLOWER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32205

Country

FLORIDA

Zip

32205

Country

FLORIDA

4. FEI Number

59-3050385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCMOROW, THOMAS F. P. A  
1301 RIVERPLACE BOULEVARD  
STE 1836  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

MCMOROW, THOMAS F. P. A ESQ.

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

3707 HENDRICKS AVENUE

City

JACKSONVILLE,

FL

Zip Code

32207

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

TITLE PD ☐ Delete  
NAME KEHOE, WALTER A  
STREET ADDRESS 1301 RIVERPLACE BLVD, SUITE 1836  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition  
NAME KEHOE, WALTER A.  
STREET ADDRESS 3423 MAYFLOWER ST.  
CITY-ST-ZIP JACKSONVILLE, FL. 32205

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER A. KEHOE, PRES. & DIRECTOR

Date

Daytime Phone #

398-0333

904-398-0333

4/20/2000