

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am  
Secretary of State

05-23-2001 91165 015 \*\*\*150.00

DOCUMENT # **535935**  
1. Entity Name  
**PREMIER LAND CORPORATION**

Principal Place of Business  
**4577 N.W. 6th St.  
Gainesville, FL  
US 32609**

Mailing Address  
**P.O. Box 770668  
Ocala, FL 34477-0668  
US**

2. Principal Place of Business  
**4577 NW 6th St.  
Gainesville, FL  
US 32609**

3. Mailing Address  
**P.O. Box 770668  
Ocala, FL 34477-0668  
US**

City & State  
**Gainesville, FL  
Zip 32609 Country US**

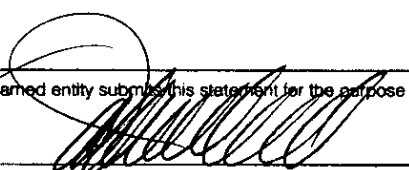
City & State  
**Ocala, FL 34477  
Zip 34477 Country US**

FEI Number  
**59-3116173**  
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  
Name **GOEBEL, ROBERT J**  
Street Address, P.O. Box Number (if Not Applicable)  
**5072 NW 80th Ave Rd**  
City **Ocala, FL** Zip Code **34482**

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 **4.30.01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!!**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PSD Goebel, Robert J. 5072 NW 80th Ave Rd Ocala, FL 34482</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPTD LEE, Dorothy G. 5072 NW 80th Ave Rd Ocala, FL 34482</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSD Goebel, Robert J. 5072 N.W. 80th Ave Rd Ocala, FL 34482</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPTD LEE, DOROTHY G. 5072 N.W. 80th Ave Rd Ocala, FL 34482</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.

SIGNATURE  DATE **4.30.01** DAYTIME PHONE **352 237.5900**

CR2E034 (11/00)