## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **\$56536** May 09, 2000 8:00 am 1. Entity Name Secretary of State LAUDERDALE LAND COMPANY, INC. 05-09-2000 90084 005 \*\*\*150.00 Principal Place of Business Mailing Address 3250 MARY STREET 3250 MARY STREET SUITE 500 SUITE 500 **U** U U<sub>1</sub>U P P = := MIAMI FL 33133-5232 MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0289875 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEISER, SHERWOOD M. Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET **STE 500 COCONUT GROVE FL 33133** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. XI Change ☐ Addition DC ☐ Delete TITLE TITLE DC WEISER, SHERWOOD M. NAME NAME WEISER, SHERWOOD M. STREET ADDRESS STREET ADDRESS 3250 MARY ST., S-500 3250 MARY ST., S-500 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL MIAMI FL 33133 ☐ Addition **DPAS** X Change ☐ Delete TITLE DPAS LEFTON, DONALD E. NAME NAME LEFTON, DONALD E. STREET ADDRESS STREET ADDRESS 3250 MARY ST., S-500 3250 MARY ST., S-500 CITY-ST-ZIP CITY-ST-7IP MIAMI FL MIAMI FL 33133 ☐ Addition VAS TITLE TITLE ☐ Delete VAS NAME HEWITT, THOMAS F. NAME HEWITT, THOMAS F. STREET ADDRESS STREET ADDRESS 3250 MARY ST., S-500 CITY-ST-ZIP 3250 MARY ST., S-500 CITY-ST-ZIP MIAMI FL MIAMI FL 33133 ☐ Addition ☐ Delete TITLE Change SIBLEY, PETER L. NAME NAME STBLEY, PETER L. STREET ADDRESS STREET ADDRESS 3250 MARY ST., S-500 3250 MARY ST., S-500 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL MIAMI FL 33133

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

VST

TEMLING, W. PETER

MIAMI FL 33133

3250 MARY ST., S-500

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TEMLING, W. PETER

MIAMI FL

3250 MARY ST., S-500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

☐ Delete

Thange

Change

☐ Addition

☐ Addition