

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59974

1. Entity Name

LARSON COMMUNITIES, INC.

Principal Place of Business

4691 LAUREL OAK LANE NE
ST. PETERSBURG FL 33703
US

Mailing Address

4691 LAUREL OAK LANE NE
ST. PETERSBURG FL 33703
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LARSON, WALTER
1139 MONTICELLO BLVD. NO
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

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, 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 PST
NAME LARSON, JEFFREY
STREET ADDRESS 985 MARCO DRIVE
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME LARSON, JEFFREY.
STREET ADDRESS 985 MARCO DRIVE
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE VD
NAME BAKER, LAURA
STREET ADDRESS 210 FOREST HILLS DR
CITY-ST-ZIP VALDESE NC ☐ Delete

TITLE D
NAME LARSON, WALTER
STREET ADDRESS 1139 MONTICELLO BLVD. NO
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

WALTER LARSON

Date

3/30/01

Daytime Phone #

727-526-5155

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90084 012 ***150.00

C0040639



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3086004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

0357878

CR2E034 (10/00)