2000 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # \$60634** 1. Entity Name LAND HOLDINGS, INC. 04-26-2000 90062 006 ***150.00 Mailing Address Principal Place of Business PO BOX 1330 1442 LINHART AVE. i. MYERS FL 33902 FT. MYERS FL 33902

	03			
2. Principal Place of Business 3. Mailing Address				
#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
te	City & State		4. FEI Number 59-3117465 Applied For Not Applied be	
Country	Zip	Country	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	
o. Name and Address of Guitern	riogistores rigerit	Name		
GRESHAM, GREGORY L 777- 131ST STREET NORTH SUITE 10			s (P.O. Box Number is Not Acceptable)	
SEMINOLE FL 33776		City	FL Zip Code	
	r the purpose of changing its re	gistered office or regist	tered agent, or both, in the State of Florida.	
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) DATE	
Tax filing requirement and elects to do so. After MAY 1, 2000 Fee			tate	
OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP GRESHAM, GLENN 1442 LINHART AVE. FT. MYERS FL 33902	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
1	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition	
	#, etc. Country 6. Name and Address of Current SHAM, GREGORY L 131ST STREET NORTH TE 10 IINOLE FL 33776 a named entity submits this statement for Signature, typed or printed name of registered agent. oration is eligible to satisfy its intangible requirement and elects to do so. OFFICERS AND DP GRESHAM, GLENN 1442 LINHART AVE. FT. MYERS FL 33902	#, etc. Suite, Apt. #, etc. Country Zip_	#, etc. Suite, Apt. #, etc. Country Zip	

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if fer like empowered. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receivery trustee empowered to changed, or on an attachment with an accordance with all given the control of the corporation of the receivery trustee empowered to changed, or on an attachment with an accordance with all given the control of the corporation of th

SIGNATURE: