

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90018 002 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # S61048			
1. Entity Name WILLIS LAND COMPANY			
Principal Place of Business % FRANKLIN E. WILLIS III 1611 CENTERVILLE ROAD TALLAHASSEE FL 32308		Mailing Address % FRANKLIN E. WILLIS III 1611 CENTERVILLE ROAD TALLAHASSEE FL 32308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3075076		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIS, FRANKLIN E., III 1611 CENTERVILLE RD. TALLAHASSEE FL 32308		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:		FRANKLIN E. WILLIS, III Pres. 1-8-2001	
Tax filing requirement and elects to do so. <input type="checkbox"/> (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	
9. This corporation is eligible to satisfy its intangible		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, FRANKLIN E., III	NAME	
STREET ADDRESS	1550 TOWN BRIDGE ROAD	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	CITY - ST - ZIP	
TITLE	VTSD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALLWORTH, REBECCA W	NAME	
STREET ADDRESS	1497 GOODWOOD COURT	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	WILLIS, CAROLE VTSD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROTMAN, CAROLE WILLIS	NAME	1448 Goodwood Court
STREET ADDRESS	1448 GOODWOOD COURT	STREET ADDRESS	TALLAHASSEE, FL.
CITY - ST - ZIP	TALLAHASSEE FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 or without other like empowered.			
SIGNATURE:		FRANKLIN E. WILLIS, III 1-8-2001 850-385-1565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President Date Daytime Phone #	

CR2E034 (10/00)