

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90053 026 \*\*\*150.00

**C0096679**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** S72600  
**1. Entity Name**  
 AUBURN LAND COMPANY

**Principal Place of Business**  
 12201 Areaca Drive  
 Wellington, FL 33414

**Mailing Address**  
 12201 Areaca Drive  
 Wellington, FL 33414

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip** **Country**

**Zip** **Country**

**4. FEI Number**  
 65-0279304

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Drennen L. Whitmire, Jr.  
 500 S. Australian Avenue  
 Suite 800  
 West Palm Beach, FL 33401

**7. Name and Address of New Registered Agent**  
 Name: Drennen L. Whitmire, Jr.  
 Street Address (P.O. Box Number is Not Acceptable): 450 Royal Palm Way  
 Sixth Floor  
 City: Palm Beach FL Zip Code: 33480

**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** *Drennen L. Whitmire, Jr.* **DATE** 4/28/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2000 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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Arthur N. Meadors</i> Arthur N. Meadors 1920 47th Avenue Vero Beach, FL 32966	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD Albert W. Yoder 12800 Vonn Road # 6001 Largo, FL 33774	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD Drennen L. Whitmire, Jr. 12201 Areaca Drive Wellington, FL 33414	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> 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 an other like empowered.**

**SIGNATURE:** *Drennen L. Whitmire, Jr.* **DATE** 4/28/00 **Daytime Phone #** 561 833 5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (9/99)