

DOCUMENT # S72600

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90050 006 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|---------|---|---------|--|--|--|--|
| 1. Entity Name AUBURN LAND COMPANY | | | | 4. FEI Number 65-0279304 | | Applied For <input type="checkbox"/> Not Applicable | |
| Principal Place of Business 12201 AREACA DRIVE WEST PALM BEACH FL 33414 | | Mailing Address 12201 AREACA DRIVE WEST PALM BEACH FL 33414 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 6. Name and Address of Current Registered Agent | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 7. Name and Address of New Registered Agent | | | |
| City & State | | City & State | | Name WHITMIRE, DRENNEN L JR 450 ROYAL PALM WAY 6TH FLOOR PALM BEACH FL 33480 | | | |
| Zip | Country | Zip | Country | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|--|--|---|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|---------------------------------|---|--|---|
| TITLE | PD MEADORS, ARTHUR N 1920 47TH AVENUE VERO BEACH FL 32966 | <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 | VD YODER, ALBERT W. 12800 VONN RD #6001 LARGO FL 33774 | <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 | VD WHITMIRE, DRENNEN L JR 12201 AREALA DR WELLINGTON FL 33414 | <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 all other like empowered.

SIGNATURE: *[Signature]* **VP** Date: **1/8/01** Daytime Phone #: **561 833 5600**

CR2E034 (10/00)