

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90017 047 \*\*\*150.00

**DOCUMENT # S72600**

1. Entity Name  
**AUBURN LAND COMPANY**



Principal Place of Business  
**12201 AREACA DRIVE  
WEST PALM BEACH FL 33414**

Mailing Address  
**12201 AREACA DRIVE  
WEST PALM BEACH FL 33414**

10001040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0279304**

Applied For

Not Applicable

Zip

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

**WHITMIRE, DRENNEN L JR  
450 ROYAL PALM WAY  
6TH FLOOR  
PALM BEACH FL 33480**

Name

**DRENNEN L. Whitmire, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**11780 U.S. Highway One**

**Suite 300**

City

**North Palm Beach,**

**FL**

Zip Code

**33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/6/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **PD MEADORS, ARTHUR N**  
STREET ADDRESS **1920 47TH AVENUE**  
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD YODER, ALBERT W.**  
STREET ADDRESS **12800 VONN RD #6001**  
CITY-ST-ZIP **LARGO FL 33774**

TITLE  Change  Addition  
NAME **Yoder, Albert W.**  
STREET ADDRESS **561 HAVEN POINT DRIVE**  
CITY-ST-ZIP **TREASURE ISLANDS, FL 33706**

TITLE  Delete  
NAME **VD WHITMIRE, DRENNEN L JR**  
STREET ADDRESS **12201 AREALA DR**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03**  
Date

**561 833 5600**  
Daytime Phone #

CR2E034 (10/02)