

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96085

1. Entity Name
LANDATA-FORESIGHT, INC.

FILED

00 SEP 27 AM 10: 07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 6304 BENJAMIN ROAD STE 513 TAMPA FL 33623 US | Mailing Address 6304 BENJAMIN ROAD STE 513 TAMPA FL 33634-5128 US |
|--|---|

| | |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address <i>5730 Northwest Pkwy</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. <i>#100</i> |
| City & State | City & State <i>San Antonio TX</i> |
| Zip | Country <i>USA</i> |
| Country | Zip <i>78245</i> |

| | |
|--|--|
| 4. FEI Number 59-3098354 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**WARREN, MARTIN L.
6304 BENJAMIN ROAD
SUITE 505
TAMPA FL 33634**

7. Name and Address of New Registered Agent

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: *Martin L. Warren*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MARTIN, WARREN 7903 PAT BLVD TAMPA FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEE, DONALD 7742 OAKHILL PARK SAN ANTONIO TX <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PETTY, RICHARD 2929 MOSSROCK DR. #200 SAN ANTONIO TX <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Roxanne White TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5730 Northwest Pkwy San Antonio TX 78249 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500003417775-3 -10/06/00--01129--022 ****558.75 ****558.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE 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 all other like empowered.

SIGNATURE: *Roxanne White* **SP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *9-13-00* Daytime Phone # *210 877 7023*

CR2E034 (01/00)