

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V18741**

1. Entity Name

LAND DEVELOPMENT RESEARCH GROUP



FILED
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03-31-2003 90155 047 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00000000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 810904

3. Mailing Address

P.O. Box 810904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0318714

Applied For

Not Applicable

Zip

33481-0904

Country

United States

Zip

33481-0904

Country

United States

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MICHAEL P. SCHNEIDER

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

5746 NW 17th Ave

City

BOCA RATON

FL

33481

**DO NOT WRITE
IN THIS SPACE**

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 typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL P. SCHNEIDER

4.27.03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	President
NAME	Schneider, Michael P.
STREET ADDRESS	P.O. Box 810904
CITY-ST-ZIP	Boca Raton, FL 33481
TITLE	T.
NAME	Schneider, Michael P.
STREET ADDRESS	P.O. Box 810904
CITY-ST-ZIP	Boca Raton, FL 33481
TITLE	S
NAME	Schneider, Michael P.
STREET ADDRESS	P.O. Box 810904
CITY-ST-ZIP	Boca Raton, FL 33481
TITLE	VP
NAME	Schneider, Michael P.
STREET ADDRESS	P.O. Box 810904
CITY-ST-ZIP	Boca Raton, FL 33481
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other ties empowered.

SIGNATURE:

MICHAEL P. SCHNEIDER

4.27.03 781.241.622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)