

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90096 027 \*\*\*150.00

**DOCUMENT # P37454**

1. Entity Name  
**FORD MOTOR LAND DEVELOPMENT CORPORATION**

Principal Place of Business      Mailing Address  
**5395 GRAND CYPRESS CIRCLE      5395 GRAND CYPRESS CIRCLE**  
**NAPLES FL 34109                      NAPLES FL 34109-5958**

**C0013524**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>38-1941033</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>CT CORPORATION SYSTEM</b> <b>% C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>C</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	<b>DORAN, WAYNE S</b>			NAME			
STREET ADDRESS	<b>ONE PARKLANE BLVD. #1550</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEARBORN MI 48126</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	<b>WAYNE, DORAN</b>			NAME			
STREET ADDRESS	<b>ONE PARKLANE BLVD. #1550</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEARBORN MI 48126</b>			CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	<b>MCCOURT, SEAN</b>			NAME			
STREET ADDRESS	<b>THE AMERICAN ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEARBORN MI 48126</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	<b>GARDNER, JAMES</b>			NAME			
STREET ADDRESS	<b>THE AMERICAN ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEARBORN MI 48121</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	<b>GEGGIE, T.H.</b>			NAME			
STREET ADDRESS	<b>THE AMERICAN ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEARBORN MI 48121</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	<b>SWAN, PAUL A</b>			NAME			
STREET ADDRESS	<b>THE AMERICAN ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEARBORN MI 48121</b>			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James F. Huerst, Jr* **JAMES F. HURST, JR** **1/29/2000** **313-3235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**VICE PRESIDENT**