

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 242990

1. Entity Name

EMMER DEVELOPMENT CORP

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90059 049 ***150.00

Principal Place of Business

Mailing Address

2801 S.W. ARCHER ROAD
 GAINESVILLE FL 32608-1025

2801 S.W. ARCHER ROAD
 GAINESVILLE FLA 32608-1025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0934800

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMMER, PHILIP I
2801 S.W. ARCHER RD.
GAINESVILLE FL 32608

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 _____

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.
 (See criteria on back)

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.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUSSELMAN, ROD	
STREET ADDRESS	2801 SW ARCHER ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMMER, BARBARA L	
STREET ADDRESS	2736 NW 22ND DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	EMMER, PHILIP L	
STREET ADDRESS	2736 NW 78TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MCGRIFF, LORI E	
STREET ADDRESS	2801 SW ARCHER ROAD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NAOUMOFF, KIMBERLY S	
STREET ADDRESS	2801 SW ARCHER ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)
 SIGNATURE REQUIRED
 ROD MUSSELMAN
 NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

352-376-2444

Date

Daytime Phone #

CR2E034 (9/99)