

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90132 002 ***150.00

DOCUMENT # 242990

1. Entity Name
EMMER DEVELOPMENT CORP



Principal Place of Business
**2801 S.W. ARCHER ROAD
GAINESVILLE FL 32608-1025**

Mailing Address
**2801 S.W. ARCHER ROAD
GAINESVILLE FL 32608-1025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0934800**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D EMMER, BARBARA L 2736 NW 22ND DRIVE GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EMMER, PHILIP L 2736 NW 78TH STREET GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRIFF, LORI E 2801 SW ARCHER ROAD GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUSER, KATHY 2801 SW ARCHER ROAD GAINESVILLE FL 32608	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Snook, Orianna J. 2801 SW Archer Road Gainesville, FL 32608	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: *Orianna J. Snook* **2/11/03 352-376-2444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)