

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573981

1. Entity Name

STEVENSON DEVELOPMENT CORPORATION

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90035 019 ***150.00

Principal Place of Business

Mailing Address

4 WEST OAK STREET
SUITE D
ARCADIA FL 34266
US

4 WEST OAK STREET
SUITE D
ARCADIA FL 34266-3971
US

2. Principal Place of Business

1874 NW County Rd 661
Suite, Apt. #, etc.

3. Mailing Address

1874 NW County Rd 661
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Arcadia, FL		City & State Arcadia, FL		4. FEI Number 59-1933973	Applied For <input type="checkbox"/> Not Applicable
Zip 34266	Country US	Zip 34266	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLETCHER, BROWN 125 NORTH BREVARD AVENUE ARCADIA FL 34266	7. Name and Address of New Registered Agent Name Brewer, Walter Street Address (P.O. Box Number is Not Acceptable) 2548 S.W. Co. Rd 760 City Nocatee, FL Zip Code 34268
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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 WALTER Brewer DATE 4/28/00

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 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENSON, LEE A. 1874 NW CR 661 ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STEVENSON, CHRISTOPHER C 1874 NW CR 661 ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: [Signature] DATE 4/28/00 DAYTIME PHONE # 863-494-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)