

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**  
 04-28-2000 90134 050 \*\*\*150.00

**DOCUMENT # F94968**

Entity Name  
**NORTHCLIFFE DEVELOPMENT CORPORATION**

**A0049415**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>MARCIA DRIVE ALAMONTE SPRINGS FL 32714</b>	Mailing Address <b>112 MARCIA DRIVE ALTAMONTE SPRINGS FL 32714-2913 US</b>
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3201558</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**LEMUS, ANTONIO C  
112 MARCIA DRIVE  
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name **ANTONIO LEMUS, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**112 MARCIA DRIVE**  
 City **ALTAMONTE SPRINGS FL** Zip Code **32714**

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 **ANTONIO LEMUS** 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)

**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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SCHROEDER, MICHAEL E</b>
STREET ADDRESS	<b>2413 VIA PINALE</b>
CITY-ST-ZIP	<b>PALOS VERDES ESTATES CA</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/V/T/S/D/C/M</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL E. SCHROEDER</b>
STREET ADDRESS	<b>781 LINDA VISTA AVENUE</b>
CITY-ST-ZIP	<b>PASADENA, CA 91103</b>
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
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: **MICHAEL E. SCHROEDER** 4/17/00 323-727-3086  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)