

2000 UNIFORM BUSINESS REPORT (UBR)

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01/01/97

DOCUMENT # L19986

08/17/00 AMENDED REPORT
One change as highlighted
below. Made pursuant to
instructions from Kristen
Eckel via phone call 8/17/00

1. Entity Name
SOLO DEVELOPMENT CORPORATION

FILED

00 AUG 16 PM 2:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
P.O. BOX 568821 (328568821)
908 S. DELANEY AVE
ORLANDO FL 32806-1275

Mailing Address
P.O. BOX 568821 (328568821)
908 S. DELANEY AVE
ORLANDO FL 32806-1246
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-2977457**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CARTER, MAURY L.
908 S. DELANEY AVE
ORLANDO FL 32806

7. Name and Address of New Registered Agent
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 _____ (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	DVAT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POITRAS, JAMES W.		NAME		
STREET ADDRESS	198 HIGHLAND ST		STREET ADDRESS		
CITY-STATE-ZIP	HOLLISTON MA		CITY-STATE-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POITRAS, PATRICIA T.		NAME		
STREET ADDRESS	198 HIGHLAND ST		STREET ADDRESS		
CITY-STATE-ZIP	HOLLISTON MA		CITY-STATE-ZIP		
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POITRAS, EDWARD W.		NAME		
STREET ADDRESS	27 B. MOORE RD		STREET ADDRESS		
CITY-STATE-ZIP	HAINES CITY FL		CITY-STATE-ZIP		
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POITRAS, KAY G		NAME		
STREET ADDRESS	27 B. MOORE RD		STREET ADDRESS		
CITY-STATE-ZIP	HAINES CITY FL		CITY-STATE-ZIP		
TITLE	DPAT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARTER, MAURY L.		NAME		
STREET ADDRESS	908 S. DELANEY AVE		STREET ADDRESS		
CITY-STATE-ZIP	ORLANDO FL		CITY-STATE-ZIP		
TITLE	DAT	☐ Delete	TITLE	Vice President	☐ Change ☒ Addition
NAME	CARTER, DARYL M.		NAME		
STREET ADDRESS	908 S. DELANEY AVE		STREET ADDRESS		
CITY-STATE-ZIP	ORLANDO FL		CITY-STATE-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:  Apr 19 00 407/422-3144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl M. Carter, Dir/Asst Treas

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Additional SheetPage 2 of 2UNIFORM BUSINESS REPORT2000SOLO DEVELOPMENT CORPORATION

(Note: The following officer(s)/director(s) was/were omitted
from the 2000 UBR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

<u>No</u>	<u>Description</u>	<u>Information</u>	<u>Status</u>
7.1.	TITLE	S	Addition
7.2.	NAME	Wray, Pamela L.	
7.3.	ADDRESS	908 S Delaney Ave	
7.4.	CITY-ST-ZIP	Orlando FL 32806-1275	
8.1.	TITLE	VP	Addition
8.2.	NAME	Douglas, Jeffrey R.	
8.3.	ADDRESS	908 S Delaney Ave	
8.4.	CITY-ST-ZIP	Orlando FL 32806-1275	
