

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005335

1. Entity Name

THE BIDO DEVELOPMENT COMMUNITY, INC.

Principal Place of Business

4975 TOPROYAL LANE
JACKSONVILLE FL 32277

Mailing Address

4975 TOPROYAL LANE
JACKSONVILLE FL 32277

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

59-3589730

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAUZY, WILLIAM G
4975 TOPROYAL LANE
JACKSONVILLE FL 32277

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUZY, WILLIAM G 4975 TOPROYAL LANE JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUZY, DOROTHY E 4975 TOPROYAL LANE JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STON E, KIP 4975 TOPROYAL LANE JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JOHN F 4975 TOPROYAL LANE JACKSONVILLE FL 32277	☐ 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JOHN F 245 NW 9TH ST MIAMI, FL 33136	☒ Change ☐ Addition ADDRESS
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 617, 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:

WILLIAM G. MAUZY
WILLIAM G. MAUZY

Date

Daytime Phone #

1-18-01 305 3737233

0011000



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)