2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED Feb 18, 2002 8:00 am DOCUMENT # N9900005335 **Secretary of State** 1. Entity Name THE BIDO DEVELOPMENT COMMUNITY, INC. 02-18-2002 90145 037 ****70.00 Principal Place of Business Mailing Address 4975 TOPROYAL LANE 4975 TOPROYAL LANE JACKSONVILLE FL 32277 JACKSONVILLE: FL: 32277 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3589730 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MAUZY, WILLIAM G 4975 TOPROYAL LANE JACKSONVILLE FL 32277 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change TITLE D □ Delete MAUZY, WILLIAM G NAME NAME STREET ADDRESS STREET ADDRESS 4975 TOPROYAL LANE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 Change ☐ Addition ☐ Delete TITLE TITLE MAUZY, DOROTHY E NAME NAME STREET ADDRESS STREET ADDRESS 4975 TOPROYAL LANE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 Change ☐ Addition TITLE ☐ Delete TITLE NAME STON E. KIP NAME **4975 TOPROYAL LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Jacksonville FL 32277 Change ☐ Addition ☐ Delete TITLE TITLE White, John F. WHITE, JOHN F NAME NAME 3065 SW 189th Avenue STREET ADDRESS 245 NW 8TH ST STREET ADDRESS Mirimar, FL 33209 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33136 ☐ Addition ☐ Delete TITLE Change ta a talah da NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITL F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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