

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087759

1. Entity Name

SIMONS DEVELOPMENT CORPORATION

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90073 001 ***450.00

Principal Place of Business

Mailing Address

~~5715 31ST COURT E~~
~~ELLENTON FL 34222~~

~~FL 34222~~
~~ELLENTON FL 34222~~

2. Principal Place of Business

7404 RIVERVIEW DR

3. Mailing Address

7404 RIVERVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL 34209

Zip

34209

Country

MANATEE

Zip

Country

MANATEE

4. FEI Number

65-0462496

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

SIMONS, RICHARD E
4747 INDEPENDENCE BLVD.
#17
SARASOTA FL 34234

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

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	D	<input type="checkbox"/> Delete
NAME	SIMONS, RICHARD E	
STREET ADDRESS	5715 31ST COURT 7404 RIVERVIEW DR	
CITY-ST-ZIP	ELLENTON FL 34222 BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMONS, BERNICE F	
STREET ADDRESS	5715 31ST COURT 7404 RIVERVIEW DR	
CITY-ST-ZIP	ELLENTON FL 34222 BRADENTON, FL 34209	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)