

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00269

1. Entity Name

ANDALUSIA WOODS DEVELOPMENT, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90431 028 ***150.00

Principal Place of Business	Mailing Address
3106 TAMiami TR N BOX 115 NAPLES FL 34103 US	3106 TAMiami TR N BOX 115 NAPLES FL 34103-4103 US

2. Principal Place of Business 4706-A SE 11 PL Suite, Apt. #, etc.	3. Mailing Address 4706-A SE 11 PL Suite, Apt. #, etc.
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City & State Cape Coral FL	City & State Cape Coral FL
Zip 33904	Zip 33904
Country USA	Country USA

4. FEI Number 65-0222322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHUCHTER, JOSEPH 3106 TAMiami TRAIL N BOX 115 NAPLES FL 34103
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4706-A SE 11 PL City CAPE CORAL FL Zip Code 33904

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 <i>Joseph Schuchter</i> Signature, typed or printed name of registered agent and title if applicable	Joseph Schuchter (NOTE: Registered Agent signature required when reinstating)	4/27/00 DATE
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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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: <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUCHTER, JOSEPH 3106 TAMiami TR N BOX 115 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4706-A SE 11 PL CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Joseph Schuchter</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	President 4/27/00 Date	941 5424460 Daytime Phone #
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CR2E034 (9/99)