2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90431 028 ***150.00

DOCUMENT # S00269

1. Entity Name
ANDALUSIA WOODS DEVELOPMENT, INC.

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

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0222322 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUCHTER, JOSEPH
3106 TAMIAMI TRAIL N
BOX 115
NAPLES FL 34103

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 [signature] Joseph Schuchter 4/27/00
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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHUCHTER, JOSEPH 3106 TAMIAMI TR N BOX 115 NAPLES FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4706-A SE 11 PL CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] SIGNATURE REQUIRED Joseph Schuchter President 4/27/00 941 542 44 w
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #