

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90045 022 ***150.00

DOCUMENT # P00000051548

1. Entity Name
50 CORDOVA SQUARE CORPORATION

Principal Place of Business
1014 N.W. 121ST LANE
CORAL SPRINGS FL 33071

Mailing Address
1014 N.W. 121ST LANE
CORAL SPRINGS FL 33071

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

65-1013276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R
4300 BAYOU BLVD., SUITE 13
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

JAMES P. WEIDENER

Street Address (P.O. Box Number is Not Acceptable)

1014 NW 121 LANE

City

CORAL SPRINGS

FL

Zip Code

33071

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]

JAMES P. WEIDENER

1/4/01

(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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEIDENER, JAMES P	
STREET ADDRESS	1014 N.W. 121ST LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIDENER, MARGARITA	
STREET ADDRESS	1014 N.W. 121ST LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIVENS, DAVID MICHAEL	
STREET ADDRESS	122 MONTCLAIR PLACE	
CITY-ST-ZIP	DAPHNE AL 36526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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] JAMES P. WEIDENER

Date

Daytime Phone #

1/4/01 305/SPR-6301

CR2E034 (10/00)