

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 270503

1. Entity Name

WAUCHULA DEVELOPMENT CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90239 008 ***150.00

Principal Place of Business

P O BOX 878
220 N. 6TH AVE.
WAUCHULA FL 33873

Mailing Address

P O BOX 878
220 N. 6TH AVE.
WAUCHULA FLA 33873-2318

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

59-1008972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, LAWRENCE A.
220 N. 6TH AVE.
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

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

TITLE PD
NAME ROBERTS, LAWRENCE A.
STREET ADDRESS 220 N. 6TH AVE.
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE STD
NAME PITTS, THELMA V.
STREET ADDRESS 220 N. 6TH AVENUE
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE D
NAME JONES, HAL E.
STREET ADDRESS 220 N. 6TH AVENUE
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE D
NAME TINDELL, JUANITA
STREET ADDRESS 220 NORTH 6TH AVENUE
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE D
NAME KROLL, M. JOAN
STREET ADDRESS FLA. AVENUE
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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)