FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 282719

1. Entity Name

3

SEMINOLE DEVELOPMENT CORPORATION



FILED

03 JAN 15 PM 2: 30

SECRETARY OF STATE TALLAHASSEE. FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2001 NW 107 AVE

Suite. Apt. #, etc.

2. Mailing Address
2001 NW 107 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number City & State City & State 59-1162206 MIÁMI, FL MIÀMI, FL Not Applicable Zio Country:... \$8.75 Additional Zip Country 5. Certificate of Status Desired 33172 ับร 33172 US Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

SCHAFFER, BECKY S.

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

City MIAMI

2001 NW 107 AVE

FL Zip Cod 3317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY - ST - 7IP

CITY-ST-ZIP

CITY-ST-ZIP

DILE

TITLE

NAME

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

Amended UBR is \$61.25

(NOTE: Registered Agent signature required when reinstating

TITLE .

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be □ Added to Fees

Make Check Payable to Florida Department of State*

10. OFFICERS AND DIRECTORS

TITLE DC

GRUBEL, RICHARD M.

2001 NW 107 AVE., MIAMI, FL 33172

PC NAME. NAME ZUMWALT, JOHN B. III STREET ADDRESS STREET ADDRESS 2001 NW 107 AVE., MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE TD NAME: -NAME WICKETT, RICHARD A. STREET ADDRESS STREET ADDRESS 2001 NW 107 AVE., MIAMI, FL 33172 CITY-ST-ZIP : CITY-S1-ZIP TITLE NAME (1) NAME PAULSEN, ROBERT J. STREET ADDRESS STREET ADDRESS 2001 NW 107 AVE., MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE

900012317879 02/11/03-01086--009 **158.75

DO NOT WRITE

IN THIS SPACE

12. 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 is 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 10 or on an attachment with an address, with all other like empowered.

NAME

NAME

TITLE:

STREET ADDRESS

CITY-ST-ZIP.

NAME ...

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Method A work

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A WICKETT

1/10/03

(305) 592-7275

Date

Daytime Phone #

CR2E034B (12/02)