

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
 01-28-2000 90132 007 ***150.00

DOCUMENT # 466494

1. Entity Name

SEVEN HILLS DEVELOPMENT SUCCESSORS, INC.

Principal Place of Business

112 LAKE DRIVE
 CHULUOTA FL 32766

Mailing Address

~~P.O. BOX 660398~~
 CHULUOTA FL 32766-0398
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2209619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ICARDI, ALDO
 237 LOOKOUT PLACE
 SUITE 100
 MAITLAND FL 32751

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FINLEY, FORREST A	
STREET ADDRESS	112 LAKE DRIVE	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BELTOMY, GEORGE W	
STREET ADDRESS	8021 SUGAR PINE DRIVE	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VAN NATTA, SHEILA	
STREET ADDRESS	460 LAKE MILLS ROAD	
CITY-ST-ZIP	CHULUOTA FL 32766	
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		

TITLE	PA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Finley	
STREET ADDRESS	112 LAKE DRIVE	
CITY-ST-ZIP	CHULUOTA, FL	
TITLE	VIRGINIA OLSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3032 Dupree Drive	
STREET ADDRESS	HUNTSVILLE, AL 35801	
CITY-ST-ZIP		
TITLE	Jessy Finley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	20727 RACINE ST.	
STREET ADDRESS	ORLANDO, FL 32833	
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:

Dorothy Finley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 407-896-2441
 Date Daytime Phone #

CR2E034 (9/99)