

# 2001 UNIFORM BUSINESS REPORT (UBR)

0083164 AV

DOCUMENT # 508378

1. Entity Name-  
**FARRELL DEVELOPMENT CORPORATION**

FILED

02 JAN 28 PM 3:03

Principal Place of Business

**7652 PARK BLVD.  
 PINELLAS PARK FL 34665**

Mailing Address

**7652 PARK BLVD.  
 PINELLAS PARK FL 34665**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

Same

City & State

Same

Zip

Country

Zip

Country

4. FEI Number

**59-1695669**

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, MICHAEL S.  
 7652 PARK BLVD.  
 PINELLAS PARK FL 34665**

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]*

*Michael S. Farrell*

*1/25/02*

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **P** ☐ Delete  
 NAME **FARRELL, MICHAEL S.**  
 STREET ADDRESS **7652 PARK BV**  
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **D** ☐ Delete  
 NAME **FARRELL, JUDITH**  
 STREET ADDRESS **7219 57 AVE N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VP** ☒ Delete  
 NAME **PARRISH, JOHN D**  
 STREET ADDRESS **1 BEACH DRIVE, S.E.**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **200004884082-9**  
 STREET ADDRESS **-02/07/02--01002--012**  
 CITY-ST-ZIP **\*\*\*\*\*908.75 \*\*\*\*\*908.75**

TITLE **Secretary** ☒ Change ☐ Addition  
 NAME **Farrell, Judith**  
 STREET ADDRESS **7219 57th Avenue North**  
 CITY-ST-ZIP **St. Petersburg, FL 33709**

TITLE **Vice President** ☒ Change ☐ Addition  
 NAME **Mary P. Farrell**  
 STREET ADDRESS **6130 73rd Street North**  
 CITY-ST-ZIP **St. Petersburg, FL 33709**

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

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

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:

*Michael S. Farrell*

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1CFR2E034 (5/01)