

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567706

1. Entity Name
TUSCAWILLA DEVELOPMENT CORPORATION



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 015 ***158.75

0095822 AV

Principal Place of Business
611 WYMORE ROAD
WINTER PARK FL 32789-2856

Mailing Address
611 WYMORE ROAD
WINTER PARK FL 32789-2856



2. Principal Place of Business
5405 Diplomat Circle
Suite, Apt. #, etc.
STE 100
City & State
Orlando, FL
Zip
32810
Country
USA

3. Mailing Address
5405 Diplomat Circle
Suite, Apt. #, etc.
STE 100
City & State
Orlando, FL
Zip
32810
Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3000795
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

FIELDING JR, EDWARD N.
611 WYMORE ROAD 5405 Diplomat Circle STE 100
WINTER PARK FL 32789 Orlando, FL 32810

Name
W. Malcolm Clayton
Street Address (P.O. Box Number is Not Acceptable)
5405 Diplomat Circle
Suite 100
City
Orlando FL Zip Code
32810

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 *W. Malcolm Clayton*
Signature, typed or printed name of registered agent and title if applicable.

4-28-03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDING JR, EDWARD N.		NAME	FIELDING, EDWARD N.	
STREET ADDRESS	611 WYMORE ROAD		STREET ADDRESS	5405 Diplomat Circle STE 100	
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP	Orlando, FL 32810	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, MALCOLM W		NAME	CLAYTON, W. Malcolm	
STREET ADDRESS	611 WYMORE ROAD		STREET ADDRESS	5405 Diplomat Circle STE 100	
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP	Orlando, FL 32810	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with no changes, with all other like information.

SIGNATURE: *W. Malcolm Clayton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03
Date

407.644.1620
Daytime Phone #

CR2E034 (10/02)