

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 592430

1. Entity Name

SUGAR LAND DEVELOPMENT CORPORATION

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90097 011 \*\*\*150.00

Principal Place of Business

Mailing Address

12800 UNIVERSITY DR  
 SUITE 260  
 FORT MYERS FL 33907

12800 UNIVERSITY DR  
 SUITE 260  
 FORT MYERS FL 33907-5335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1879251

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAYLOR, ROBERT  
 12800 UNIVERSITY DR  
 SUITE 350  
 FT. MYERS FL 33907

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 ☐ Delete  
 NAME TAYLOR, ROBERT  
 STREET ADDRESS 12800 UNIV DR., #350  
 CITY-ST-ZIP FT. MYERS FL

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

TITLE D ☐ Delete  
 NAME TAYLOR, LUNDA  
 STREET ADDRESS 15736 GLENISLE WAY  
 CITY-ST-ZIP FT MYERS FL 33912

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

TITLE T ☐ Delete  
 NAME ASHWEILL, HELEN  
 STREET ADDRESS 20951 ANDIRON PLACE  
 CITY-ST-ZIP ESTERO FL 33908

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

TITLE D ☐ Delete  
 NAME ASHWILL, WILLIAM  
 STREET ADDRESS 333 CYPRESS WAY EAST #202  
 CITY-ST-ZIP NAPLES FL 34110

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

TITLE D ☐ Delete  
 NAME ASHWILL, THOMAS  
 STREET ADDRESS 19831 ALLAIRE LANE  
 CITY-ST-ZIP FORT MYERS FL 33908

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

TITLE ☐ Delete  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Taylor

4/25/00

Date

941-481-2011

Daytime Phone #

CR2E034 (9/99)