

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 645287

1. Entity Name

CONN. GENERAL DEVELOPMENT CORP.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90009 012 ***150.00

Principal Place of Business

Mailing Address

7600 ROUTE 1
MICCO FL 32976-7437

7600 ROUTE 1
4039 SNOWY EGRET DR.
MELBOURNE FL 32904-9521
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2023942

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

DORADO, VICTORIA
4039 SNOW EGRET DRIVE
MELBOURNE FL 32904

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 P
NAME GOULD, PAUL
STREET ADDRESS ~~328 SWANTON ROAD.~~
CITY-ST-ZIP ~~DAVENPORT GA~~

☐ Delete

TITLE
NAME Paul L. Gould
STREET ADDRESS 1710 Ocean Street
CITY-ST-ZIP Santa Cruz, CA 95060

☒ Change ☐ Addition

TITLE VP
NAME GOULD, ROBERT L
STREET ADDRESS 10 WRABEL CIR UNIT 507J
CITY-ST-ZIP MONROE CT

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME ROTH, JOAN G
STREET ADDRESS 172 DEAN RD
CITY-ST-ZIP BROOKLINE MA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME EARLY, GERALDINE
STREET ADDRESS 829 S. WATERWAY
CITY-ST-ZIP BAREFOOT BAY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

561 664-1000

Daytime Phone #

CR2E034 (9/99)