

2000 UNIFORM BUSINESS REPORT (UBR)

UBR 421 A

DOCUMENT # A96000001452

1. Entity Name
MEL-RE DEVELOPMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business
12670 NEW BRITTANY BLVD., SUITE 203
FORT MYERS FL 33907

Mailing Address
12670 NEW BRITTANY BLVD., SUITE 203
FORT MYERS FL 33907-3650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15051 S. Tamiami Trail
Suite, Apt. #, etc.
Suite 203
City & State
Fort Myers, FL

3. Mailing Address
15051 S. Tamiami Trail
Suite, Apt. #, etc.
Suite 203
City & State
Fort Myers, FL

4. FEI Number 65-0653713

Applied For
Not Applicable

Zip 33908 **Country** Lee

Zip 33908 **Country** Lee

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS FL 33907

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$1,050,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,050,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000020293	STREET ADDRESS	15051 S. Tamiami Trail, Ste 203
NAME	MEL-RE DEVELOPMENT, INC.	CITY-ST-ZIP	Fort Myers, FL 33908
STREET ADDRESS	12670 NEW BRITTANY BLVD., SUITE 203		
CITY-ST-ZIP	FORT MYERS FL 33907		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300003284173--3
STREET ADDRESS			-06/12/00-01012-020
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**

4/28/2000 **941-466-7737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

(5616) 000 F-3