

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F19488

1. Entity Name

ROSEWOOD DEVELOPMENT CORPORATION

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90038 047 ***150.00

Principal Place of Business

370 WHOOPING LOOP, SUITE 1136
ALTAMONTE SPRINGS FL 32701

Mailing Address

370 WHOOPING LOOP, SUITE 1136
ALTAMONTE SPRINGS FL 32701-3451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2141631

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

GIANELLI, PETER A.
370 WHOOPING LOOP
SUITE 1136
ALTAMONTE SPRINGS FL 32701

Name Pasqualetti, Joseph

Street Address (P.O. Box Number is Not Acceptable)
5128 major Blvd, #200

City Orlando

FL

Zip Code 32819

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.

J. PASQUALETTI, V.P.

(NOTE: Registered Agent signature required when reinstating)

3/3/00

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 | DPS | <input checked="" type="checkbox"/> Delete |
| NAME | GIANELLI, PETER A. | |
| STREET ADDRESS | 1015 LAKE DAVIS DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | VTSD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Pasqualetti, Joseph | |
| STREET ADDRESS | 3929 Pence Pipe Dr. | |
| CITY-ST-ZIP | Orlando, FL 32829 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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
JOSEPH PASQUALETTI

3/3/00

Date

(407) 352-7333

Daytime Phone #

CR2E034 (9/99)