

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F58908

1. Entity Name

FLETCHER DEVELOPMENT CORPORATION

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90067 044 ***150.00

Principal Place of Business	Mailing Address
1548 THE GREENS WAY 4 JAX BCH FL 32250 US	PO BOX 1219 P.O. BOX 1219 ZIP: 32004 PONTE VEDRA BCH FL 32004-1219 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-2145753	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MELCHING, STEPHEN 1548 THE GREENS WAY APT 4 JACKSONVILLE FL 32202

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. 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	
TITLE	DP <input type="checkbox"/> Delete
NAME	FLETCHER, PAUL Z
STREET ADDRESS	1548 THE GREENS WY
CITY-ST-ZIP	JAX BCH FL 32250
TITLE	VTD <input type="checkbox"/> Delete
NAME	FLETCHER, JEROME S
STREET ADDRESS	1548 THE GREENS WAY
CITY-ST-ZIP	JAX BCH FL 32250
TITLE	S <input type="checkbox"/> Delete
NAME	HUTCHINSON, FRANCES F.
STREET ADDRESS	1548 THE GREENS WAY
CITY-ST-ZIP	JAX BCH FL 32250
TITLE	VD <input type="checkbox"/> Delete
NAME	MELCHING, STEPHEN D.
STREET ADDRESS	1548 THE GREENS WAY
CITY-ST-ZIP	JAX BCH FL 32250
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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: Frances F. Hutchinson 2/4/00 904-285-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frances F. Hutchinson, Secretary

CR2E034 (9/99)