

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F80458

1. Entity Name

A & W DEVELOPMENT, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90026 001 \*\*\*150.00

01-21-2000 90026 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

11000-5 METRO PKWY  
FT MYERS FL 33912

11000-5 METRO PKWY  
FT MYERS FL 33912-1341

ADDRESS CHANGE

ADDRESS CHANGE

2. Principal Place of Business

11850 PLANTATION RD

3. Mailing Address

11850 PLANTATION RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT A

UNIT A

City & State

City & State

FT. MYERS, FL

FT. MYERS, FL

Zip

Zip

33912

33912

Country

Country

LEE

LEE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, ALLEN L.

4925 S.W. 11TH PLACE

CAPE CORAL FL 33914

NEW ADDRESS →

Name

ALLEN L. HILL

Street Address (P.O. Box Number is Not Acceptable)

11850 PLANTATION RD.

UNIT A

City

FT. MYERS

FL

Zip Code

33912

Separate  
Check  
Attached

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]* PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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	P	<input type="checkbox"/> Delete
NAME	HILL, ALLEN L.	
STREET ADDRESS	4925 S.W. 11TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PURVIS, JUDITH R.	
STREET ADDRESS	42740 CHARTWELL DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, WILLIAM H	
STREET ADDRESS	8371 ARBORFIELD CT.	
CITY-ST-ZIP	FT MYERS 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	ADDRESS CHANGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11850 PLANTATION RD - UNIT A	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	ADDRESS CHANGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7779 CAMERON CR.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
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]* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 941-275-7070

Date

Daytime Phone #

CR2E034 (9/99)