

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003299

1. Entity Name

FLORIDA DEVELOPMENT FUND (1995), INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90009 001 ***450.00

Principal Place of Business

2729 SOUTH U.S. HIGHWAY ONE, SUITE 10
FORT PIERCE FL 34982

Mailing Address

~~2729 SOUTH U.S. HIGHWAY ONE, SUITE 10,~~
~~FORT PIERCE FL 34982~~
P.O. Box 12124
Fort Pierce, Florida 34979

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

COBURN, TERRY
2729 SOUTH U.S. HIGHWAY ONE, SUITE 10
FORT PIERCE FL 34982

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☒ Delete
NAME SHIROYAN, THOMAS H
STREET ADDRESS 2729 SOUTH U.S. HIGHWAY ONE, SUITE 10
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SDT
STREET ADDRESS COBURN, TERRY
CITY-ST-ZIP 2729 SOUTH U.S. HIGHWAY ONE, SUITE 10
FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS METT R MICHAEL
CITY-ST-ZIP 2729 S US HWY ONE STE 10
FT PIERCE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME LEMIRE, CLAUDE
STREET ADDRESS 2729 S US HWY ONE STE 10
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

7/28/2000

Date

561 465 1500

Daytime Phone #