

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005668

1. Entity Name

LONGVIEW VILLAGE DEVELOPMENT COMPANY

APPROVED
AND
FILED

00 OCT -6 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8524 ELY
OVERLAND PARK KS 66212

Mailing Address

8524 ELY
OVERLAND PARK KS 66212

2. Principal Place of Business

1300 South US 1

3. Mailing Address

1300 South US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bunnell, FLORIDA

City & State

Bunnell, Florida

Zip

32110

Country

USA

Zip

32110

Country

USA

REINSTATEMENT

4. FEI Number

48-1210530

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAYER, DENNIS K
306 S. OCEANSHORE BLVD.
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1417 E. Virginia St.

City

Tallahassee

FL

Zip Code

32301

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

Weimar Lopez for Capital Connection 10/6/00

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	RICHMOND, ROBERT	
STREET ADDRESS	30 WESTMORELAND DR.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	MCCROY, JAMES HENRY	
STREET ADDRESS	8524 ELY	
CITY-ST-ZIP	OVERLAND PARK KS 66212	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCCROY, WILLIAM F	
STREET ADDRESS	8524 ELY	
CITY-ST-ZIP	OVERLAND PARK KS 66212	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey T. Montgomery	
STREET ADDRESS	2713 W. 116th Street	
CITY-ST-ZIP	Lea wood, KS 66211	
TITLE	VCV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Richmond	
STREET ADDRESS	30 West moreland Drive	
CITY-ST-ZIP	Palm coast FL 32164	
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 I've empowered.

SIGNATURE:

W. J. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/00

Date

904-437-1616

Daytime Phone #

CR2E034 (5/00)