

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000005668

1. Entity Name

Longview Village Development Company

FILED

02 OCT -1 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13 Eisenhower Place

3. Mailing Address
13 Eisenhower Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Coast, FL

City & State
Palm Coast, FL

4. FEI Number
481210530

Applied For
Not Applicable

Zip
32164

Country
USA

Zip
32164

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

City
Daytona Beach

FL

Zip Code
32114

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
Director/President/Treasurer
William F. McCroy, Jr.
13 Eisenhower Place, Palm Coast, FL 32164

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300008602443
10/25/02--01121--018 **550.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director/Vice President/Secretary
Jeffery T. Montgomery
2713 W. 116th Street, Leawood, KS 66211

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. McCroy, Jr., President

9/23/02

Date

Daytime Phone #

CR2E034B (12/01)