

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H08852

1. Entity Name
AMDEV PROPERTIES, INC.

Principal Place of Business
3280 W. 1ST STREET
SANFORD FL 32771
US

Mailing Address
P.O. BOX 941719
MAITLAND FL 32794
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1917 Boothe Circle #131

City & State
Longwood, FL.

Zip
32750

Country
USA

6. Name and Address of Current Registered Agent

MOORE, DONALD L JR.
~~3280 W. 1ST STREET~~
~~SANFORD FL 32771~~

4. FEI Number 59-2439091

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

1917 Boothe Circle #131

City Longwood

FL

Zip Code
32750

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 12, 2001 Fee 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
MOORE, DONALD L, JR.
~~3280 W. 1ST STREET~~
~~SANFORD FL 32771~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

1917 Boothe Circle #131
Longwood, FL 32750

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sep. 4, 2001 407 339-9883

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90058 010 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)