

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H13781

1. Entity Name

FELLSMERE DEVELOPMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

1825 S RIVERVIEW DR  
MELBOURNE FL 32901  
US

1825 S RIVERVIEW DR  
MELBOURNE FL 32901  
US

2. Principal Place of Business

3. Mailing Address

215 BAYTREE DRIVE

215 BAYTREE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne, FL

Melbourne, FL

Zip

Country

Zip

Country

329

USA

329

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES L. REINMAN  
1825 S RIVERVIEW DR  
MELBOURNE FL 32901

Name JOSEPH H. GLOVER

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

City Melbourne FL Zip Code 32940

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

4-25-2001

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, 2001 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 PD  
NAME GLOVER, JOSEPH H.  
STREET ADDRESS 3109 S. MAIN STREET  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300004335639--4  
CITY-ST-ZIP -05/31/01--01042--002  
\*\*\*\*676.25 \*\*\*\*150.00

TITLE SD  
NAME REINMAN, JAMES L.  
STREET ADDRESS 1825 S. RIVERVIEW DR  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1825 Riverview Drive  
CITY-ST-ZIP

TITLE TD  
NAME ARMSTRONG, RAYMOND A.  
STREET ADDRESS 1331 S VALENTINE STREET  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2001

FILED

01 MAY 30 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE