

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H33320

1. Entity Name

MILEY DEVELOPMENT CORPORATION

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90037 008 \*\*\*158.75

Principal Place of Business

1600 W. EAU GALLIE BLVD.  
SUITE 201  
MELBOURNE FL 32935  
US

Mailing Address

1600 W. EAU GALLIE BLVD.  
SUITE 201  
MELBOURNE FL 32935-4149  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2518554

Applied For

Not Applicable

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

POTTER, WILLIAM C ESQ.  
700 S. BABCOCK STREET  
SUITE 400  
MELBOURNE FL 32901

Name

William C. Potter, Esq.

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

1499 S. Harbor City Blvd., #201

City

Melbourne

FL

Zip Code  
32901

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 \$150.00**  
**After MAY 1, 2000 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 P  
NAME TOLLEY, WILLIAM R  
STREET ADDRESS 4250 PINEWOOD RD.  
CITY-ST-ZIP MELBOURNE FL 32934 ☐ Delete

TITLE VP  
NAME CARRAWAY, JAMES D  
STREET ADDRESS 3820 RIVERSIDE DRIVE  
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

TITLE S  
NAME ORR, DEAN R  
STREET ADDRESS 505 WEKIVA SPRINGS, #800  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE  
NAME ORR, DEAN R  
STREET ADDRESS 451 SABAL TRAIL CIRCLE  
CITY-ST-ZIP LONGWOOD, FL 32779 ☒ Change ☐ Addition

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

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

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

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

Date

Daytime Phone #

4/25/00 (321) 308 4000

CR2E034 (9/99)