


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90021 045 ***150.00

DOCUMENT # H95274	
1. Entity Name MLB DEVELOPMENT CORPORATION	

Principal Place of Business 860 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714 US	Mailing Address 860 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2625217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, LAUREN B 860 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE TD <input type="checkbox"/> Delete	NAME GOODMAN, MICHEAL A	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 860 SR 434 N STE 7	CITY-ST-ZIP ALTAMONTE SPRGS. FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VTD <input type="checkbox"/> Delete	NAME GOODMAN, MICHAEL A	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 860 SR 434 N STE 7	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	STREET ADDRESS	CITY-ST-ZIP
TITLE PD <input type="checkbox"/> Delete	NAME GOODMAN, LAUREN B	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 860 SR 434 N STE 7	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	STREET ADDRESS	CITY-ST-ZIP
TITLE VSD <input type="checkbox"/> Delete	NAME GOLD, SCOTT H	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 860 SR 434 N STE 7	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/18/03** **407-788-6555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)