

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90061 008 \*\*\*158.75

**DOCUMENT # J44610**

**1. Entity Name**  
**SYNDICATED CAPITAL DEVELOPMENT, INC.**

**Principal Place of Business**

**8250 NW 136TH AVE RD**  
**OCALA FL 34482**

**Mailing Address**

**SYNDICATED CAPITAL DEV**  
**4421 NW BLIGHTON RD #350**  
**OCALA FL 33482-4056**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-2776673**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**O'REILLY, L. P.**  
**8250 NW 136TH AVE RD.**  
**OCALA FL 34482**

Name

**O'Reilly, L. P.**

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

City

**5 Corona Ct.**  
**Palm Coast**

FL

Zip Code

**32137**

**7. Name and Address of New Registered Agent**

**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, 2002 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**

**TITLE** VP ☐ Delete  
**NAME** OREILLY, LAWRENCE P SR.  
**STREET ADDRESS** 8250 NW 136TH AVE RD.  
**CITY-ST-ZIP** Ocala FL 34482

**TITLE** P ☐ Delete  
**NAME** OREILLY, EILEEN M  
**STREET ADDRESS** 8250 NW 136TH AVE RD.  
**CITY-ST-ZIP** Ocala FL 34482

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** Same ☒ Change ☐ Addition  
**NAME** Same  
**STREET ADDRESS** 5 Corona Ct.  
**CITY-ST-ZIP** Palm Coast FL 32137

**TITLE** Same ☒ Change ☐ Addition  
**NAME** Same  
**STREET ADDRESS** 5 Corona Ct.  
**CITY-ST-ZIP** Palm Coast, FL 32137

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 an address, with all other like empowered.**

**SIGNATURE:**

*Eileen O'Reilly*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**4-802-446-8813**

CR2E034 (9/01)