

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K56349**

1. Entity Name

**ZEPHYRHILLS DEVELOPMENT CORPORATION****FILED****Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90251 050 \*\*\*150.00

**00005251**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
37837 MERIDIAN AVENUE P.O. BOX 2337  
SUITE 314 DADE CITY FL 33526-2337  
CITY FL 33525 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0094709**

Applied For

Not Applicable

Zip Country Zip Country

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**

**SCHRADER, JEROME G**  
**37837 MERIDIAN AVENUE**  
**SUITE 314**  
**DADE CITY FL 33525**

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.

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 **DP** ☐ Delete  
NAME **BROWN, BILLY E**  
STREET ADDRESS **37051 CHURCH AVENUE**  
CITY-ST-ZIP **DADE CITY FL**

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

TITLE **DV** ☐ Delete  
NAME **BLACKWELL, GARY L.**  
STREET ADDRESS **6915 STATE ROAD 54**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **ST** ☐ Delete  
NAME **SCHRADER, JEROME G**  
STREET ADDRESS **37837 MERIDIAN AVENUE**  
CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE **VPD** ☐ Delete  
NAME **SCHRADER, THOMAS A**  
STREET ADDRESS **P.O. BOX 77, N/A**  
CITY-ST-ZIP **SAN ANTONIO FL 33576**

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  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/2000**

Date

**352-567-2500**

Daytime Phone #

CR2E034 (9/99)