

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90033 008 ***150.00

DOCUMENT # K56349

1. Entity Name
ZEPHYRHILLS DEVELOPMENT CORPORATION

Principal Place of Business

13815 US 98 BYPASS
DADE CITY FL 33525
US

Mailing Address

P.O. BOX 1276
DADE CITY FL 33526-1276
US

2. Principal Place of Business

15552 U. S. 301

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 1276

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL 33526-1276

4. FEI Number

65-0094709

Applied For

Not Applicable

Zip

33523

Country

USA

Zip

33526-1276

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHRADER, JEROME G

~~13815 US 98 BYPASS~~

~~DADE CITY FL 33525~~

7. Name and Address of New Registered Agent

Name
SAME

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

15552 U. S. 301

City

Dade City

FL

Zip Code
33523

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

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

TITLE **ST** ☐ Delete
NAME **SCHRADER, JEROME G**
STREET ADDRESS **~~13815 US 98 BYPASS~~**
CITY-ST-ZIP **~~DADE CITY FL 33525~~**

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15552 U. S. 301**
CITY-ST-ZIP **Dade City, FL 33523**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/02

352/567-1999

CR2E034 (9/01)