

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K99679

1. Entity Name

CMB DEVELOPMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90151 048 ***150.00

Principal Place of Business

590 RINEHART ROAD
LAKE MARY FL 32746

Mailing Address

590 RINEHART ROAD
LAKE MARY FL 32746-4800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

918 W. 1st Street

Suite, Apt. #, etc.

918 W 1st Street

City & State

Sanford FL.

City & State

Sanford FL.

Zip

Country

32771

Zip

Country

32771



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

BAYHI, BARBARA SUE
590 RINEHART ROAD
LAKE MARY FL 32746

Name

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

918 W 1st Street

City

Sanford

FL

Zip Code

32771

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	BAYHI, BARBARA SUE	1305 SWEETWATER CLUB BLV	LONGWOOD FL						
	VP	BAYHI, CRAIG M	1305 SWEETWATER CLUB BLVD	LONGWOOD FL						

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 #

CR2E034 (9/99)