

# 2000 UNIFORM BUSINESS REPORT (UBR)

AP

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # L26853**

1. Entity Name

**FIRST NATIONWIDE DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

~~500 AUSTRALIAN AVE S~~  
~~110~~  
~~WEST PALM BEACH FL 33401~~  
~~US~~

~~500 AUSTRALIAN AVE S~~  
~~110~~  
~~WEST PALM BEACH FL 33480-4039~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DUDE, HARALD~~  
~~500 AUSTRALIAN AVE S~~  
~~SUITE 110~~  
~~WEST PALM BEACH FL 33401~~

Name  
**Fritz Ehrentraut**  
 Street Address (P.O. Box Number is Not Acceptable)  
**211 Royal Poinciana Way**  
**Suite A**  
 City **Palm Beach** **FL** Zip Code **33480**

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

**Fritz Ehrentraut** **4-14-2000**

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 **PTD DUDE, HARALD** ☐ Delete  
 STREET ADDRESS **500 AUSTRALIAN AVE S, 110**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE  
 NAME **Harald Dude** ☒ Change ☐ Addition  
 STREET ADDRESS **211 Royal Poinciana Way Suite A**  
 CITY-ST-ZIP **PALMBEACH FL 33480**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **600003283208-3** ☐ Change ☐ Addition  
 STREET ADDRESS **-05/09/00--01084--008**  
 CITY-ST-ZIP **\*\*\*1270.00 \*\*\*\*\*150.00**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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 #

**4-14-2000**

**561-833**  
**4433**

CF 7:034 (3/99)