

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-16-2002 90256 049 \*\*\*\*50.00

**DOCUMENT # L97000001223**

1. Entity Name

**UCCI DEVELOPMENT COMPANY, L.L.C.**

Principal Place of Business

**12230 FOREST HILL BLVD., SUITE 116  
 WELLINGTON FL 33414**

Mailing Address

**12230 FOREST HILL BLVD., SUITE 116  
 WELLINGTON FL 33414**

**905601**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0796495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WITKOWSKI, RONALD ESQ.  
 12798 WEST FOREST HILL BLVD., STE. 202  
 WELLINGTON FL 33414**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MEM**  
 STREET ADDRESS **SUNBIRD DEVELOPMENTS LTD.**  
 CITY-ST-ZIP **C/O 12798 FOREST HILL BLVD., STE. 202  
 WELLINGTON FL 33414**

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

TITLE ☐ Delete  
 NAME **MEM**  
 STREET ADDRESS **SKYBIRD DEVELOPMENTS, LTD.**  
 CITY-ST-ZIP **C/O 12798 FOREST HILL BLVD., STE. 202  
 WELLINGTON FL 33414**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED** *1-9/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)