

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002275

1. Entity Name

FLORIDA DEVELOPMENT PARTNERS, L.C.

APPROVED
AND
FILED

00 MAR 20 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 3/30



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O JOHN YANOPOULOS
9375 SW 93RD PLACE
MIAMI FL 33176

Mailing Address

C/O JOHN YANOPOULOS
9375 SW 93RD PLACE
MIAMI FL 33176-2065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUXTON, GREGG S
BOLANOS TRUXTON & YOUNGS, P.A.
12800 UNIVERSITY DRIVE, SUITE 240
FT MYERS FL 33907

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS YANOPOULOS, JOHN J
CITY-ST-ZIP 9375 SW 93RD PLACE
MIAMI FL 33176 ☒ Delete

TITLE NAME MGR
STREET ADDRESS Hardy Paul
CITY-ST-ZIP 5645 Strand Blvd Ste 3
Naples FL 34110 ☒ Change ☐ Addition

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #