

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006861

1. Entity Name

EEW DEVELOPMENT COMPANY, L.C.

Principal Place of Business

400 NW 2ND STREET  
OKEECHOBEE FL 34973

Mailing Address

POST OFFICE BOX 464  
MYRTLE BEACH FL 29578-0464

2. Principal Place of Business

4800 HAW BRANCH ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

SEBRING FLORIDA

City & State

Zip

33875

Country  
USA

Country

4. FEI Number

APPLIED FOR

56-2177978

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASSELS, JOHN D JR.  
400 NW 2ND STREET  
OKEECHOBEE FL 34973

7. Name and Address of New Registered Agent

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 September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILLIAMS, EDDIE  
POST OFFICE BOX 464  
MYRTLE BEACH SC 29578

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
General Manager  
Joe Perry  
4800 Haw Branch Rd  
Sebring, FL 33875

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100004524111-3  
-08/08/01--01046--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

7-31-01

863-382-8538

CR2E083 (5/01)