

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** M38197

**1. Entity Name**  
WIDE HORIZONS DEVELOPMENT CORP.

**Principal Place of Business**  
14 BEL FOREST DR  
LARGO FL 33770

**Mailing Address**  
14 BEL FOREST DR  
LARGO FL 33770

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 13 PM 5:09

**2. Principal Place of Business**  
14 BEL FOREST DR  
Suite, Apt. #, etc.

**3. Mailing Address**  
14 BEL FOREST DR  
Suite, Apt. #, etc.

**City & State**  
LARGO FL 33770-2714

**City & State**  
LARGO FL

**4. FEI Number**  
59-2780343

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**Zip**  
33770

**Country**  
USA

**Zip**  
33770

**Country**  
USA

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
ENGELBERT BULACHER  
14 BEL FOREST DR  
LARGO FL 33770-2714

**7. Name and Address of New Registered Agent**  
Name: ENGELBERT BULACHER  
Street Address (P.O. Box Number is Not Acceptable):  
14 BEL FOREST DR  
City: LARGO FL Zip Code: 33770

**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** *Engelbert Bulacher* **BULACHER, ENGELBERT** **11-16-00**  
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.** ☐ **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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ENGELBERT BULACHER 14 BEL FOREST DR LARGO FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003509724-1 <input type="checkbox"/> Change <input type="checkbox"/> Addition -12/21/00--01017--010 ****750.00 ****750.00
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
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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

**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** *Engelbert Bulacher* **BULACHER, E.** **11-16-00** **727-559-0006**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)