2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State
08-08-2000 90024 039 ***550.00

DOCUMENT # M51115

1. Entity Name

STAR ISLAND DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
2791 POINCIANA BLVD KISSIMMEE FL 34746 US	2791 POINCIANA BLVD KISSIMMEE FL 34746 US

DO NOT WRITE IN THIS SPACE

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 59-2868800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEYERS, JARED EXECUTIVE OFFICES 2794 NORTH POINCIANA BLVD. KISSIMMEE FL 34746	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

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 $550.00** **After SEPTEMBER 13, 2000 Min. will be $750.00** **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 / STREET ADDRESS / CITY-ST-ZIP	PD KAPLUS, ROBERT 3235 TOMAHAWK DR KISSIMMEE FL	☐ Delete	P/D/S Kaplus, Robert 2794 N. Poinciana Blvd. Kissimmee, FL 34746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDCB MEYERS, HILLEL A. 4875 PINE TREE DR MIAMI BEACH FL	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD MEYERS, NEILS DR 2791 N. POINCIANA BLVD KISSIMMEE FL	☐ Delete	V/T/D/S/CB Meyers, Neil Dr. 2794 N. Poinciana Blvd Kissimmee, FL 34746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SINCLAIR, CYNTHIA A 7757 INDIAN RIDGE TRAIL N KISSIMMEE FL	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP Meyers, Jared 2794 N. Poinciana Blvd. Kissimmee, FL 34746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP Infante, Rodney 2794 N. Poinciana Blvd. Kissimmee, FL 34746	☐ Change ☑ Addition

CR2E034 (5/00)

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 7-26-00 407-997-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #