

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90242 033 ***150.00

DOCUMENT # M51115

1. Entity Name
STAR ISLAND DEVELOPMENT CORP.

Principal Place of Business

2791 POINCIANA BLVD
KISSIMMEE FL 34746
US

Mailing Address

2791 POINCIANA BLVD
KISSIMMEE FL 34746
US

B0039418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2800 N. POINCIANA BLVD

3. Mailing Address

2800 N. POINCIANA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-2868800

Applied For

Not Applicable

Zip

Country

34746 US

Zip

34746 US

Country

US

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

ROBERT KAPLUS

Street Address

2800 N. POINCIANA BLVD

City

KISSIMMEE

FL

34746

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] **Robert A. Kaplus**

4-20-01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PD3S** ☐ Delete
NAME **KAPLUS, ROBERT**
STREET ADDRESS **2794 N PINCIANA BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **PDT** ☒ Change ☐ Addition
NAME **KAPLUS, ROBERT A.**
STREET ADDRESS **8842 ELLIOT'S CT**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **VTDS** ☒ Delete
NAME **MEYERS, NEILS DR**
STREET ADDRESS **2794 N PINCIANA BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

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

TITLE **VP** ☒ Delete
NAME **MEYERS, JARED**
STREET ADDRESS **2794 N POINCIANA BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

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

TITLE **VP** ☒ Delete
NAME **INFANTE, RODNEY**
STREET ADDRESS **2794 N POINCIANA BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Change ☒ Addition
NAME **D MEYERS, JENNIFER L.**
STREET ADDRESS **4875 PINETREE DR**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SDCB MEYERS, HILLEL**
STREET ADDRESS **4875 PINETREE DR**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D SUSER, ARTHUR**
STREET ADDRESS **7213 GREENVILLE CT**
CITY-ST-ZIP **ORLANDO FL 32819**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. KAPLUS

Date

4/10/01

Daytime Phone #

407-997-5192

CR2E034 (10/00)