

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90043 046 \*\*\*150.00

**DOCUMENT # M95108**

1. Entity Name

**AMERIWEST DEVELOPMENT CORPORATION**

Principal Place of Business

**738 MARBLE WAY  
 BOCA RATON FL 33432**

Mailing Address

**P.O. BOX 4260  
 BOCA RATON FL 33429  
 US**

2. Principal Place of Business

**9911 NW 24th Place**

3. Mailing Address

**14260 West Newberry Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#317**

City & State

**Gainesville, FL**

City & State

**Newberry, FL**

Zip

**32606**

Country

**Alachua**

Zip

**32669**

Country

**Alachua**

4. FEI Number

**NOT APPLICABLE**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STEVENSON, R REDDING  
 738 MARBLE WAY  
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name  
**Stevenson, R. Redding**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9911 NW 24th Place**  
 City **Gainesville** FL Zip Code **32606**

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

*R. Redding*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**April 06, 2002**  
 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST STEVENSON, R REDDING 738 MARBLE WAY BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEVENSON, R REDDING 738 MARBLE WAY BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CVD STEVENSON, MARION B. 738 MARBLE WAY BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marion B. Stevenson, Vice President*

**April 06, 2002 332-8428**  
 Date Daytime Phone #

CR2E034 (9/01)