

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000237

1. Entity Name

INDEPENDENT DEVELOPMENT COMPANY, LLC

FILED

00 MAR 13 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

705 EAST OAK STREET, SUITE E  
KISSIMMEE FL 34744

Mailing Address

705 EAST OAK STREET, SUITE E  
KISSIMMEE FL 34744-4577

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

91-1883547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JIMMIE D

705 EAST OAK STREET, SUITE E  
KISSIMMEE FL 34744

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete  
MGRM WILLIAMS, JIMMIE D  
STREET ADDRESS 705 EAST OAK STREET, SUITE E  
CITY - ST - ZIP KISSIMMEE FL 34744

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

TITLE NAME ☐ Delete  
MGRM GUMPERT, RICHARD A  
STREET ADDRESS 742 FIRST STREET SOUTH  
CITY - ST - ZIP KIRKLAND WA 98033

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003183883-9  
CITY - ST - ZIP -03/24/00--01115--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
MGRM GUMPERT, STEVEN L  
STREET ADDRESS 1216 NORTH TUSTIN STREET  
CITY - ST - ZIP ORANGE CA 92867

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

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

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: *Steven L Gumpert* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-6-00 (714) 288-6840  
Date Daytime Phone #

CR2E083 (9/99)