2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000004280

1. Entity Name

INTERMEDIA DEVELOPMENT FOUNDATION, INC.

CON VE INC

FILED Mar 27, 2003 8:00 am § Secretary of State

03-27-2003 90066 038 ****70.00

Principal Place of Business 3034 30 LANE LAKE WORTH FL 33463			3034 3	Mailing Address 3034 30 LANE LAKE WORTH FL 33463			_			
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2. Principal Place of Business 3.			3. Ma	3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			Ci	City & State			4. FEI Number		<i>/</i>	plied For
Zip Country			Zip Countr			ntry	5. Certificate of Star	tus Desired	\$8.75 Add	
6. Name and Address of Current R			t Registers	Posistared Agent			7 Name and Addre	ess of New Registers	Fee Require	<u> </u>
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UZAL, CHRISTOPHER					}	Street Address	(P.O. Box Number is No	ot Acceptable)		
3034 30 LAKE WO	DRTH FL 33	463			-		<u></u>			
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		y submits this statement t	or the purp	ose of changing its	registere	d office or registe	ered agent, or both, in th	ne State of Florida. I a	ım familiar with,	and accept
the obligat	tions of regist	ered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typeu	or printed name or registered ager	and litte it app	olicable. (NOTE	:: negistered	Agent signature require	when reinstating)	DAI		
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FILE NOW: FEE IS \$61.25				Trust Fund C	Contributio	on. 🗀	Added to Fees	Florida Dep	artment of	State
10.	OFFICERS AND DIRECTORS				11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	110
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE REQUIRED

103-21-03 (561)641-5245