

FILED  
Feb 28, 2003 8:00 am  
Secretary of State

01-30-2003 90163 023 \*\*\*\*61.25

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

DOCUMENT # N27011

1. Entity Name

RE: DEVELOPMENT OF SOUTH FLORIDA, INC.



Principal Place of Business  
2208 NE 26TH ST  
FORT LAUDERDALE FL 33305  
US

Mailing Address  
P.O. BOX 972425  
BOCA RATON FL 33427  
US

35012403



☐ CHECK HERE IF MAKING CHANGES

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 NOT APPLICABLE

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

JERNIGAN, SKEET  
2208 NE 268 ST  
#202  
FORT LAUDERDALE FL 33305

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D  
NAME JERNIGAN, SKEET  
STREET ADDRESS 2203 NE 26TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Delete

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

TITLE D  
NAME UNGER, CRAIG  
STREET ADDRESS 4400 W. SAMPLE ROAD, SUITE 200  
CITY-ST-ZIP COCONUT CREEK FL 33408 ☐ Delete

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

TITLE D  
NAME COLLINS, WALTER  
STREET ADDRESS 312 SE 17 STREET, SUITE 300  
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☒ Delete

TITLE D  
NAME KEVIN RATTERREE  
STREET ADDRESS 1401 UNIVERSITY DR.  
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Change ☒ Addition

TITLE D  
NAME BASS, TRENT  
STREET ADDRESS 2541 METROCENTER BLVD., SUITE 1  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03

954-566-6679

Date

Daytime Phone #

CR2E037 (10/02)