

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/2

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90064 001 \*\*\*140.00

**DOCUMENT # N98000002813**

1. Entity Name

**FLORIDA DEVELOPMENT ENTERPRISES CORPORATION**

Principal Place of Business

Mailing Address

2460 N. HAVERHILL RD  
 WEST PALM BEACH FL 33417

2460 N. HAVERHILL RD  
 WEST PALM BEACH FL 33417

*4613 Kelly Road*

2. Principal Place of Business

3. Mailing Address

~~3821 North Shore Drive~~

*3821 North Shore Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*West Palm Beach, Fl.*

*West Palm Beach, Fl.*

Zip

Country

Zip

Country

*33407*

*U.S.A.*

*33407*

*U.S.A.*

4. FEI Number

**65-0835508**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**KINSEY, T. EDWARD**  
**3821 NORTH SHORE DRIVE**  
**WEST PALM BEACH FL 33407**

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

*T. Edward Kinsey, Chairman*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1/26/2001*

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DCP	<input type="checkbox"/> Delete
NAME	KINSEY, T. EDWARD	
STREET ADDRESS	3821 NORTH SHORE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEMPS, ANN B	
STREET ADDRESS	5020 N.W. 16TH COURT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LONG, DOUGLAS M	
STREET ADDRESS	1325 W 27TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAGRANGE, JR, LLOYD C DR	
STREET ADDRESS	2617 N. FLAGLER DR., SUITE 202	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Dorothy Stroman</i>	
STREET ADDRESS	<i>9982 Watermill Circle</i>	
CITY-ST-ZIP	<i>Boynton Beach, Fl. 33437</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*T. Edward Kinsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/01*

DATE

*561/881-1667*

DAYTIME PHONE #

CR2E037 (10/00)