2001 UNIFORM BUSINESS REPORT (URR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P00000005370** 1. Entity Name WORTHWHILE AFFORDABLE DEVELOPMENT IV. INC. 04-25-2001 90070 024 ***158.75 Principal Place of Business Mailing Address 2949 W. ST. RD. 434, STE. 400 2949 W. ST. RD. 434, STE, 400 LONGWOOD FL 32779 LONGWOOD FL 32779 955877 2. Principal Place of Business 3. Mailing Address 2933 West SR 434 W DO NOT WRITE IN THIS SPACE 10 101 101. 4. FEI Number Applied For 019 W 00 59-3618165 ongwood Not Applicable \$8.75 Additional 5. Certificate of Status Desired 321 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sane ROYALL, H.J. JR Street Address (P.O. Box Number is Not Acceptable) 700 RIVERBEND BLVD: LONGWOOD FL 32779 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change NAME ROYALL, H.J. JR STREET ADDRESS 2949 W. ST. RD. 434, STE. 400 STREET ADDRESS W SR 434, Ste 101 2933 CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete □ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP TITLE Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-Z!P 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 207, 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 PENTED NAME OF SIGNATO OFFICE OF DIRECTOR DIRECTOR