## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: \_

## FILED Mar 21, 2001 8:00 am DOCUMENT # P0000026067 Secretary of State SADDLEBROOKE LAND DEVELOPMENT COMPANY 03-21-2001 90037 017 \*\*\*150.00 Principal Place of Business Mailing Address 1688 W. HIBISCUS BLVD. 1688 W. HIBISCUS BLVD. 935633 MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For -3634206 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, ARTHUR F III Street Address (P.O. Box Number is Not Acceptable) 1688 W. HIBISCUS BLVD. **MELBOURNE FL 32901** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 3R2E034 (10/00) TITLE □ Addition Delete TITLE ☐ Change NAME EVANS, ARTHUR F III NAME STREET ADDRESS STREET ADDRESS 1688 W. HIBISCUS BLVD. CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete Change Addition TITLE TITLE NAME NAME EVANS, HUGH M JR. STREET ADDRESS STREET ADDRESS 1688 W. HIBISCUS BLVD. CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL 32901 TITLE Delete TITLE Change Addition JELUS, TIMOTHY C NAME NAME STREET ADDRESS STREET ADDRESS 1688 W. HIBISCUS BLVD. CITY-ST-ZIP CITY-ST-7IP MELBOURNE FL 32901 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate anythat ment of the corporation or the receiver or trustee appowered to execute this report changed, or on an attachment with an address with all other like empowered. ally for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Hugh M. Evans, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01