

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046291

1. Entity Name  
**WILLARD DEVELOPMENT GROUP, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90317 037 \*\*\*158.75

Principal Place of Business  
**789 MIRACLE STRIP PARKWAY EAST  
MARY ESTHER FL 32569**

Mailing Address  
**789 MIRACLE STRIP PARKWAY EAST  
MARY ESTHER FL 32569**

2. Principal Place of Business  
**SAME AS THE ABOVE**

3. Mailing Address  
**SAME AS THE ABOVE**

City & State  
Zip Country Zip Country

4. FEI Number  
**59-3644837**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE  
NO. 1114  
MIAMI BEACH FL 33139-0000**

7. Name and Address of New Registered Agent  
Name  
**GEORGE A. WILLARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**789 MIRACLE STRIP PKWY EAST**  
City  
**MARY ESTHER** FL Zip Code  
**32569**

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 **G.A. WILLARD** DATE **4/24/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLARD, GEORGE A</b> <b>789 MIRACLE STRIP PARKWAY EAST</b> <b>MARY ESTHER FL 32569</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLARD, BARBARA J</b> <b>789 MIRACLE STRIP PARKWAY EAST</b> <b>MARY ESTHER FL 32569</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **G.A. WILLARD, PRES.** DATE **4/24/01** DAYTIME PHONE # **850-244-0846**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)