

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90036 009 ***150.00

DOCUMENT # P00000054251

1. Entity Name
MCMURRICH DEVELOPMENT COMPANY, INC.

Principal Place of Business Mailing Address
% PARKS, TSCHOPP, WITCOMB & ORR **% PARKS, TSCHOPP, WITCOMB & ORR**
2600 MAITLAND CENTER PARKWAY, #330 **2600 MAITLAND CENTER PARKWAY, #330**
MAITLAND FL 32751 **MAITLAND FL 32751**

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 **59-3652664** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAYES, GEORGE L III
5959 CENTRAL AVE., #104
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
 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, 2002 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

TITLE	C	<input type="checkbox"/> Delete
NAME	LORENZOTTI, GUIDO	
STREET ADDRESS	19 E. 72ND STREET	
CITY-ST-ZIP	NEW YORK NY 10070	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PARKS, LINDA G.T.	
STREET ADDRESS	2600 MAITLAND CENTER PARKWAY, #330	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAMMELT, VEIT DR.	
STREET ADDRESS	% 5959 CENTRAL AVE., #104	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROSS, LARRY D	
STREET ADDRESS	P.O. BOX 1980	
CITY-ST-ZIP	MORRISTOWN NJ 07962	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAYES, GEORGE L III	
STREET ADDRESS	5959 CENTRAL AVE., #104	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZOTTI, GUIDO	
STREET ADDRESS	5959 CENTRAL AVE. #104	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAMMELT, VEIT DR	
STREET ADDRESS	5959 CENTRAL AVE. #104	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
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		

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 **Linda G.T. Parks**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02 (407) 895-2760
 Date Daytime Phone #

CR2E034 (9/01)