

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90057 019 ***150.00

065374
SP

DOCUMENT # P00000080084

1. Entity Name

VILLANOVA DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**7696 301 BLVD
SARASOTA FL 34243**

**7696 301 BLVD
SARASOTA FL 34243**

2. Principal Place of Business

1800 Northgate Blvd.

3. Mailing Address

1800 Northgate Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-2

A-2

City & State

Sarasota FL.

City & State

Sarasota FL.

Zip

Country

34234

Zip

Country

34234

4. FEI Number

65-1043232

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

**CURRAN, DONALD F
7696 301 BLVD
SARASOTA FL 34243**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **CURRAN, DONALD F**
STREET ADDRESS **7696 301 BLVD**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PT** ☐ Delete
NAME **CURRAN, MARK W**
STREET ADDRESS **7696 301 BLVD**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SEIDERS, TERRY M**
STREET ADDRESS **7405 301 BLVD**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASAT** ☐ Delete
NAME **MCGUIRE, KAREN L**
STREET ADDRESS **1410 5TH CT W**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-02

941-358-9408

CR2E034 (9/01)