

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084281

1. Entity Name  
PELICAN REEF DEVELOPMENT, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90068 019 \*\*\*150.00

Principal Place of Business  
27 SOUTH ORCHARD STREET STE B  
ORMOND BEACH FL 32174

Mailing Address  
27 SOUTH ORCHARD STREET STE B  
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3683533

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

HAWKINS, DONALD E.  
% HAWKINS, HAWKINS & BURT  
501 S. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

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, 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 D ☐ Delete  
NAME VISCOMI, VINCENT  
STREET ADDRESS 27 SOUTH ORCHARD STREET STE B  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE PRESIDENT / DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RATKOVIC, JACK  
STREET ADDRESS 27 SOUTH ORCHARD STREET STE B  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VICE PRESIDENT / DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HANSARD, WILLIAM  
STREET ADDRESS 27 SOUTH ORCHARD STREET STE B  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE SECRETARY / TREAS / DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HEFFERNAN, JOSEPH E JR  
STREET ADDRESS 905 SHEEHY DRIVE STE II  
CITY-ST-ZIP HORSHAM PA 19044

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 no other limitations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT VISCOMI

4/17/01

Date

904/656-0105

Daytime Phone #

CR2E034 (10/00)