

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
 03-02-2001 90059 028 ***150.00

DOCUMENT # P00000085336

1. Entity Name
URBAN VILLAGE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**1419 CARLOS AVE.
 CLEARWATER FL 33755**

**1419 CARLOS AVE.
 CLEARWATER FL 33755**

2. Principal Place of Business

2426 1st Ave N.

3. Mailing Address

2426 1st Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33713

Country

USA

Zip

33713

Country

USA

4. FEI Number

59-3674678

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CIANFRONE, JOSEPH R
 1968 BAYSHORE BLVD.
 DENEDIN FL 34698**

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

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

TITLE **D** ☐ Delete
 NAME **SYLVIA WRIGHT, JUDITH ANN**
 STREET ADDRESS **1419 CARLOS AVE.**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **JUDITH ANN WRIGHT-CUMMINGS**
 STREET ADDRESS **2426 1st Ave N.**
 CITY-ST-ZIP **ST PETERSBURG, FL 33713**

TITLE **D** ☐ Change ☒ Addition
 NAME **D.G.O. BRUGGENTHIEP**
 STREET ADDRESS **818 HARBOR ISL.**
 CITY-ST-ZIP **CLEARWATER FL. 33767**

TITLE **D** ☐ Change ☒ Addition
 NAME **Michael Cummings**
 STREET ADDRESS **2426 1st Ave N.**
 CITY-ST-ZIP **St Petersburg, FL 33713**

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

TITLE ☐ Change ☐ Addition
 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 #

CR2E034 (10/00)