

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/6/01

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90336 048 \*\*\*150.00

DOCUMENT # P00000116105

1. Entity Name

SCOTT PROPERTIES & DEVELOPMENT, INC.

Principal Place of Business

6440 WEST NEWBERRY ROAD #401  
 GAINESVILLE FL 32605

Mailing Address

6440 WEST NEWBERRY ROAD #401  
 GAINESVILLE FL 32605

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Box 1407604

City & State

City & State

GAINESVILLE FL

4. FEI Number

59-370-3625

Applied For

Not Applicable

Zip

Country

Zip

Country

32604

Alachua

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

~~SALTER, JAMES D~~  
~~703 NE FIRST STREET~~  
~~GAINESVILLE FL 32601~~

Name  
 Jennifer N S Scott  
 Street Address (P.O. Box Number is Not Acceptable)

6440 W. Newberry Rd Suite 401  
 City Gainesville FL Zip Code 32605

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 relinquishing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 GEO PRES / TREASURER  
 Jennifer N Scott  
 6440 W Newberry Rd #401  
 GVL FL 32605 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 ERIC W SCOTT MD  
 VP + BOB  
 6440 W Newberry Rd #401  
 GVL FL 32605 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 362 332-0030

Daytime Phone #

CR2E034 (10/00)

Apr 25, 01