

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90069 022 \*\*\*158.75

0468577 AV

**DOCUMENT # P01000002797**

1. Entity Name

**CENTERSTATE SHOPPING CENTER DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**1820 SOUTH FLORIDA AVE  
LAKELAND FL 33803**

**1820 SOUTH FLORIDA AVE  
LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

**1142 Celebration AVE.**

**1142 Celebration AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Celebration, FL**

**Celebration, FL**

Zip

Country

Zip

Country

**34747**

**OSCEOLA**

**34747**

**OSCEOLA**

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

**59-3698460**

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



**MILLER, J RICHARD**

**1820 SOUTH FLORIDA AVE  
LAKELAND FL 33803**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1142 Celebration AVE.**

City

**Celebration**

**FL**

Zip Code

**34747**

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.

**W. T. PAUL LIAU D.**

**3-24-2002**

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 **D** ☐ Delete  
NAME **MILLER, J RICHARD**  
STREET ADDRESS **1820 SOUTH FLORIDA AVE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☒ Change ☐ Addition  
NAME **1142 Celebration AVE.**  
STREET ADDRESS **Celebration, FL 34747**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MILLER, RITA G**  
STREET ADDRESS **1820 SOUTH FLORIDA AVE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☒ Change ☐ Addition  
NAME **1142 Celebration AVE.**  
STREET ADDRESS **Celebration, FL 34747**  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **LIN, MEI HUEY L**  
STREET ADDRESS **4180 NORTHMEADOW CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☒ Change ☐ Addition  
NAME **1142 Celebration AVE.**  
STREET ADDRESS **Celebration, FL 34747**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LIAU, W T PAUL**  
STREET ADDRESS **4180 NORTHMEADOW CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☒ Change ☐ Addition  
NAME **1142 Celebration AVE.**  
STREET ADDRESS **Celebration, FL 34747**  
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

**W. T. PAUL LIAU** 3/24/2002

Date

Daytime Phone #

813-960-4909

CR2E034 (9/01)