

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90122 049 ***150.00

DOCUMENT # P01000061580

1. Entity Name
BVH DEVELOPMENT-C, INC.



Principal Place of Business
**741 S. ORANGE AVE
SARASOTA FL 34236**

Mailing Address
**PO BOX 3377
SARASOTA FL 34230-9998**



2. Principal Place of Business

1840 PHILLIPPI SHORES DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 20708

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA FLORIDA

City & State

SARASOTA FLORIDA

4. FEI Number

65-1122426

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34276

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEIDER, WILLIAM M
200 SOUTH ORAGNE AVENUE
SARASOTA FL 34235**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **MORRIS, ROBERT A JR**
STREET ADDRESS **741 S. ORANGE AVE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete
NAME **CARRION, JAIME S**
STREET ADDRESS **3665 BEE RIDGE ROAD SUITE 310**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **ST** ☐ Delete
NAME **MCSWEENEY, ANINA C**
STREET ADDRESS **3665 BEE RIDGE RD**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **MORRIS, ROBERT A JR**
STREET ADDRESS **1840 PHILLIPPI SHORES DRIVE**
CITY-ST-ZIP **SARASOTA, FLORIDA 34231**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ROBERT A MORRIS, JR

4/10/03

941-365-2545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)