

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90147 022 \*\*\*150.00

**DOCUMENT # P01000061588**

1. Entity Name  
**BVH DEVELOPMENT-D, INC.**

Principal Place of Business

**1430 KENILWORTH STREET  
 SARASOTA FL 34231**

Mailing Address

**PO BOX 5722  
 SARASOTA FL 34277-5722**

2. Principal Place of Business

**741 S. Orange Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Sarasota, FL**

City & State

4. FEI Number  
**65-1122345**

Applied For  
 Not Applicable

Zip  
**34236**

Country  
**USA**

Zip

Country

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

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

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, 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 ☐ Delete  
 NAME **D MORRIS, ROBERT A JR**  
 STREET ADDRESS **PO BOX 5722**  
 CITY-ST-ZIP **SARASOTA FL 34277-5722**

TITLE ☒ Change ☐ Addition  
 NAME **DP Morris, Robert A Jr**  
 STREET ADDRESS **741 S. Orange Ave**  
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Delete  
 NAME **D CARRION, JAIME S**  
 STREET ADDRESS **3655 BEE RIDGE ROAD SUITE 310**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **ST McSweeney, Anina C**  
 STREET ADDRESS **3665 Bee Ridge Road**  
 CITY-ST-ZIP **Sarasota, FL 34236**

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

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

**Robert A. Morris, Jr 4/25/02 (941)923-9404**

Date

Daytime Phone #

CR2E034 (9/01)