

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-15-2003 90122 042 \*\*\*150.00

**DOCUMENT # P01000061588**

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

**City & State**

**SARASOTA FLORIDA**

**Zip**

**34231**

**Country**

**USA**

**City & State**

**SARASOTA FLORIDA**

**Zip**

**34236**

**Country**

**USA**

**4. FEI Number**

**65-1122345**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



**6. Name and Address of Current 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**

**7. Name and Address of New Registered Agent**

**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** **3655 BEE RIDGE ROAD SUITE 310**  
**CITY-ST-ZIP** **SARASOTA FL 34231**

**TITLE** **ST** ☐ Delete  
**NAME** **MCSWEENEY, ANINA C**  
**STREET ADDRESS** **3665 BEE RIDGE ROAD**  
**CITY-ST-ZIP** **SARASOTA FL 34236**

**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, FL 34231**

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

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

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

**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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT A MORRIS, JR** 4/10/03

**941-365-2545**  
Daytime Phone #

CR2E034 (10/02)