## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P01000061593 DOCUMENT #

1. Entity Name



FILED Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90122 044 \*\*\*150.00

BVH DEVELOPMENT-E, INC. Principal Place of Business Mailing Address 741 S. ORANGE AVE PO BOX 3377 SARASOTA FL 34236 SARASOTA FL 34230-9998 2. Principal Place of Business 3. Mailing Address <u>1840 Phillippi Shores Dr</u> <u>P.O. Bax</u> **20708** Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1122342 SARASOTA Not Applicable Sarascta FLARIDA FLORIDA Country Country \$8.75 Additional 5. Certificate of Status Desired 34231 USA 34276 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34235 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. 1 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE Change ☐ Addition MORRIS, ROBERT JR NAME MORRIS. ROBERT JR NAME 1840 PHILLIPPI SHORES DR 741 S. ORANGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP SARASOTA FLORIDA TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME CARRION, JAIME S NAME STREET ADDRESS 3665 BEE RIDGE ROAD SUITE 310 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SARASOTA FL 34231 -- □-Delete TITLE -TITLE .Γ∃:Channe -☐ Addition. ----NAME MCSWEENEY, ANINA C NAME STREET ADDRESS 3665 BEE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34236 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 🚄

QUIR ROBERT A MORRIS, JR IGNATURE AND TYPED OR PRINTED NAME OF SIGNING

<u>941-365-2545</u>