

2004AR **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO3000122903

1. Entity Name
Eastwood at Heritage Oaks
Development Co.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 12 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 E New Haven

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL

City & State

4. FEI Number

20-0354776

Applied For

Not Applicable

Zip

32901

Country

Brevard

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Roy Pence

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

300 E. New Haven Ave.

Melbourne, FL 32901

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$450.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

50

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME Roy Pence
STREET ADDRESS 300 E. New Haven Ave
CITY-ST-ZIP Melbourne, FL 32901

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300032463753
04/12/04--01051--001 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04

Date

837-0350

Daytime Phone #

CR2E034B (12/02)