## , FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P92000008667**1. Corporation Name

UDG DEVELOPMENT CORP.

Principal Place	of Business	Mailing Address					
1770 N. WICKHAM RD.		1770 N. WICKHAM RD.					
MELBOURNE FL 32935		MELBOURNE FL 32935		DO NOT WRITE IN THIS	SPACE		
US	US			3. Date Incorporated or Qualifed	JI AOL		
					12/02/1992		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21 26			<b>3</b>		59-3153023	No	ot Applicable
T-1 •		Suite, Apt. #, etc.	uite, Apt. #, etc.		_	\$8.75	Additional
22 27			,.,.		5. Certifcate of Status Desired	Fee Re	equired
City & State			City & State		6. Election Campaign Financing	\$5.00	May Be
23 28		<del>⊢</del>			Trust Fund Contribution	•	to Fees
Zip Country Zip			Country		8. This corporation owes the current year In	angible	
24	25 29 30				Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
NOHRR, DONALD A			-	04	dress (P.O. Box Number is Not Acceptable)		
1800 W HIBISCUS BLVD			82 Street		dress (P.O. Box Number is Not Acceptable)		
SUITE 138			83				
MELBOURNE FL 32901						·	
			84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, th	e above	-named co	rporation submits this statement for the purpose of	changing its	registered
l office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was author	ized by	the corpora	tion's board of directors. I hereby accept the appo	ntment as re	egistered
SIGNATURE					DATE		
	Signature, typed or printed name of registered agen			t signature requi	ired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	ORS IN 12
12.			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE .	D D		I.2 NAME			_ ,	_
NAME	KANE, DONALD L						
STREET ADDRESS	1021 11111 1111			ADDRESS			
CITY-ST-ZIP	OTT LEET, E OF TOTAL OF THE OTT OTT OF THE OTT OTT OTT OTT OTT OTT OTT OTT OTT OT		1.4 CITY-S 2.1 TITLE	1-ZIP		Change	☐ Addition
TITLE	D	<b></b>					
NAME	ROSENKRANTZ, JACK A.		2.2 NAME				ŀ
STREET ADDRESS	1770 N. WICKHAM ROAD			r Address			ł
CITY-ST-ZIP			2. 4 CITY- S	T-ZIP		☐ Change	Addition
TITLE .	,D		3.1 TITLE			□ Strange	
NAME	BERKLEY, THOMAS A.	i i	3.2 NAME				ł
STREET ADDRESS	1770 N. WICKHAM ROAD			ADDRESS		•	• [
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-5	T-ZIP		☐ Change	Addition
TITLE	D		4.1 TITLE			change	E Addition
ME	MATTHEWS, ROBERT A.	4	1. 2 NAME	1			İ
STREET ADDRESS	1770 N. WICKHAM ROAD	4	4.3 STREE	FADDRESS			ļ
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-S	T-ZIP		F7 6:	F** A 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
MILE		· · · · · · · · · · · · · · · · · · ·	5.1 TITLE			Change	Addition
NAME	·	1	5.2 NAME				
STREET ADDRESS		1 5	5.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>			T-ZIP			
			1 TT E			☐ Change	Addition
TITLE	•	☐ DELETE 6	6.1 TITLE				_
NAME			5.1 HILE 5.2 NAME			□ change	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90055 032 \*\*\*150.00