

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90180 033 ***150.00

DOCUMENT # P93000035424

1. Entity Name

DEXTER DEVELOPMENT COMPANY

Principal Place of Business

**303 BALLENSLES DRIVE
 PALM BEACH GARDENS FL 33418**

Mailing Address

**303 BALLENSLES DRIVE
 PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

Above

3. Mailing Address

Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0417639**

Applied For

Not Applicable

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

**GARY, JOHN W III
 701 U.S. HIGHWAY ONE
 SUITE 402
 NORTH PALM BEACH FL 33408**

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, 2001 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 **PTD** ☐ Delete
 NAME **DAVIDSON, ROY H**
 STREET ADDRESS **303 BALLENS ISLES DR**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 32418 33418**

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

TITLE **S** ☐ Delete
 NAME **GARY, JOHN W III**
 STREET ADDRESS **701 US HWY ONE**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE **COB** ☐ Delete
 NAME **BILLS, JOHN C**
 STREET ADDRESS **3910 RCA BLVD #1001**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **COB** ☒ Change ☐ Addition
 NAME **Bills, John C.**
 STREET ADDRESS **4600 East Park Drive, Suite 201**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **D** ☐ Delete
 NAME **BABB, WAYNE**
 STREET ADDRESS **3910 RCA BLVD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Change ☐ Addition
 NAME **Babb, Wayne**
 STREET ADDRESS **4600 East Park Drive, Suite 201**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **D** ☐ Delete
 NAME **PALMER, CHARLES L**
 STREET ADDRESS **312 SE 17TH STREET SUITE 300**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

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

TITLE **D** ☐ Delete
 NAME **BILLS, LOUIS B. SR.**
 STREET ADDRESS **540 N OCEAN DR., APT 7D**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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:

Roy A. Davidson, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
 Date

(561) 625-5718
 Daytime Phone #

CR2E034 (10/00)