

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038241

1. Entity Name

TWIN BROOKS DEVELOPMENT CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90166 024 ***150.00

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 611 DRUID ROAD EAST SUITE 512 CLEARWATER FL 33756 US | 611 DRUID ROAD EAST SUITE 512 CLEARWATER FL 33756-3938 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 59-3189861 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

| |
|---|
| 6. Name and Address of Current Registered Agent |
| ELIAS, JOHN M 611 DRUID RD. EAST SUITE 512 CLEARWATER FL 34616 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------------|------|------------------------|--|----------------|------------------------|--|-------------|--------------------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ELIAS, JOHN M</td><td></td></tr><tr><td>STREET ADDRESS</td><td>611 DRUID RD. STE. 512</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CLEARWATER FL</td><td></td></tr></table> | TITLE | D | <input type="checkbox"/> Delete | NAME | ELIAS, JOHN M | | STREET ADDRESS | 611 DRUID RD. STE. 512 | | CITY-ST-ZIP | CLEARWATER FL | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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: _____ Date: 4/28/00 Daytime Phone #: 727-461-0220

CR2E034 (9/99)