## 2001 UNIFORM BUSINESS REPORT (UBR)

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## Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P93000050674 MIRADA DEVELOPMENT COMPANY 02-28-2001 90033 031 \*\*\*150.00 Principal Place of Business Mailing Address 6320 CANARY PALM COURT-8320 CANARY PALM-COURT 010000 SARASCTA-FL 34238-SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address 5046 Hanging Moss Lane 5046 Hanging Moss Lane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Sarasota, FL City & State 4. FEI Number Applied For 65-0428741 Sarasota, FL Not Applicable Zip 34238 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 34238 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRODE, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 720 S. ORANGE AVENUE SARASOTA FL 34236 City Zin Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE TITLE Ρ Change Addition ☐ Delete DONOVAN, JOHN NAME NAME JOHN DONOVAN 8920 CANARY PALM CT STREET ADDRESS STREET ADDRESS 5046 Hanging Moss Lane CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP SARASOTA, FL 34238 Change TITLE X Delete TITLE Addition LLOYD, CHRISTOPHER ARETINI, DEIRDRE F. STREET ADDRESS 5046 HANGING MOSS LANE P.O. BOX 344, OPREY HOUSE 5 OLD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. HELLER NJ SARASOTA, FL 34238 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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

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