

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90188 002 ***150.00

DOCUMENT # P93000055425

1. Entity Name

ARBOR LAKE DEVELOPMENT CORPORATION OF SARASOTA

Principal Place of Business

8535-3 BAY MEADOWS
SUITE 153
JACKSONVILLE FL 32256
US

Mailing Address

8535-3 BAY MEADOWS
SUITE 153
JACKSONVILLE FL 32256
US

2. Principal Place of Business

1548 The Greens Way
Suite, Apt. #, etc.
Suite 3

3. Mailing Address

1548 The Greens Way
Suite, Apt. #, etc.
Suite 3

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip

32250

Country

United States

Zip

32250

Country

United States

6. Name and Address of Current Registered Agent

DEVLIN, WALLACE R
8535-3 BAYMEADOWS RD
SUITE 153
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Wallace R Devlin Jr.
Street Address (P.O. Box Number is Not Acceptable)
1548 The Greens Way
Suite 3
City Jacksonville Beach FL Zip Code 32250

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

Wallace R Devlin Jr. President 1/22/01
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

TITLE	P	Delete <input checked="" type="checkbox"/>
NAME	DEVLIN, WALLACE	
STREET ADDRESS	8535-3 BAYMEADOWS RD STE 153	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	Devlin, Wallace Jr.	
STREET ADDRESS	1548 The Greens Way suite 3	
CITY-ST-ZIP	Jacksonville Beach FL 32250	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:

Wallace R Devlin Jr. 1/22/01 (904) 543-0026
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)