2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # **P93000081516**

1. Entity Name
SEL W.V. DEVELOPMENT NO. 1, INC.

Principal Place of Business	Mailing Address
4142 ESCONDITO CIRCLE	PO BOX 943
SARASOTA FL	OSPREY FL
34238	342290943

2. Principal Place of Business	3. Mailing Address
722 SHAMROCK BLVD.	PO BOX 943
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE FL	City & State: OSPREY FL
Zip: 34293 Country: US	Zip: 342290943 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0463661** ☐ 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
SEIDER WILLIAM M	Name: SEIDER WILLIAM M
1550 RINGLING BLVD.	Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH ORANGE AVENUE
SARASOTA FL	City: SARASOTA FL Zip Code: 34236
34236 US	

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 STEPHEN E. LATTMANN 04/19/2001
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	PVSD	☐ Delete	TITLE	PVSD	☒ Change ☐ Addition
NAME	LATTMANN STEPHEN E.		NAME	LATTMANN STEPHEN E.	
STREET ADDRESS	4142 ESCONDITO CIRCLE		STREET ADDRESS	2747 ORCHID OAKS DRIVE - 102A	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	SARASOTA FL 34239	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: STEPHEN E. LATTMANN PRES 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #