2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000084363** 1. Entity Name MILLPOND DEVELOPMENT, INC.

FILED May 05, 2001 8:00 am Secretary of State

05-05-2001 90824 046 ***150.00





Zip Country Zip Country Sip Country 5. Certificate of Status Desired 5. S. Certificate of Status Desired 5. S. Certificate of Status Desired 5. S. Certificate of Status Desired 5. Setatus Desired 4. Seta	O NOT WRITE IN THIS SPACE	DO NO		Suite, Apt. #, etc.	Suite, Apt. #, etc.			
Signature. Speaker or privation are slightly to satisfy its intangible Tax illing requirement and elects to do so. (See criteria or back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE CHeck Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE CHeck Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE CHeck Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE CHeck Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS 13. STREET ADDRESS 14. STREET ADDRESS 15. Certificate of Statius Desired Agent signature required depart are resistance of payable and resistance of paya	-3214547 Applied For	4. FEI Number 59-321		City & State		City & State		
WALLACE, HOWARD K JR 117 W. 48TH BLVD GAINESVILLE FL 32607 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 see if applicable. NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT TITLE MAME STREET ADDRESS ORIV-ST-ZIP TITLE DVST WALLACE, HOWARD K JR. STREET ADDRESS GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD AVE STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006	is Desired			Zíp	Country		Zip	
WALLACE, HOWARD K JR 117 W. 48TH BLVD GAINESVILLE FL 32607 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 see if applicable. NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT TITLE MAME STREET ADDRESS ORIV-ST-ZIP TITLE DVST WALLACE, HOWARD K JR. STREET ADDRESS GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD AVE STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GAINESVILLE FL 326006	ss of New Registered Agent	7. Name and Address of		istered Agent	and Address of Current Re	6. Name		
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) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL TITLE DP WALLACE, HOWARD K JR. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606 TITLE WALLACE, ANNE M WALLACE, ANNE M WALLACE, ANNE M WALLACE, ANNE M 4707 NW 53RD AVE STE A GIN-ST-ZIP GAINESVILLE FL 32606 TITLE WALLACE, ANNE M 4707 NW 53RD STE A GIN-ST-ZIP GAINESVILLE FL 32606 TITLE MAME MALLACE, ANNE M 4707 NW 53RD STE A GIN-ST-ZIP GAINESVILLE FL 32606 TITLE MAME MALLACE, ANNE M 4707 NW 53RD STE A GIN-ST-ZIP GAINESVILLE FL 32606 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change CHANGES CITY-ST-ZIP TITLE Change Change Change CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CHANGES CHANGES CHANGES CITY-ST-ZIP CHANGES CHANGE				vard K jr LVD	LACE, HOW W. 48TH BL	💉 🛒 117 V		
SIGNATURE Signature. Nyned or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	FL							
Tax filing requirement and elects to do so. (See criteria on back) Atter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE DP NAME WALLACE, HOWARD K JR. STREET ADDRESS CITY-ST-ZIP TITLE DVST ITTLE NAME WALLACE, ANNE M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DVST ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S		ature required when reinstating)	Registered Agent signatur	tle if applicable. (NOTE: R	d or printed name of registered agent and	Signature, typed	SIGNATURE .	
TITLE DP Delete TITLE NAME WALLACE, HOWARD K JR. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606 TITLE DVST Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE DVST Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Change Change Change Change Change Change	d Contribution. Added to Fees	550.00 Trust Fund Cont	do so. After MAY 1, 2001 Fee will be \$550.00			Tax filing requirement and elects to do so.		
NAME STREET ADDRESS CITY-ST-ZIP CAINESVILLE FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Change Change Change Change Change Change CITY-ST-ZIP TITLE Delete TITLE		ADDITIONS/CHANGES T	12.	ECTORS	OFFICERS AND DIF		11.	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Chang	☐ Change ☐ Addition		NAME STREET ADDRESS	☐ Delete	53RD AVE STE A	WALLACE 4707 NW	NAME STREET ADDRESS	
TITLE Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change	☐ Change ☐ Addition		NAME STREET ADDRESS	☐ Delete	E, ANNE M 53RD STE A	DVST WALLACE 4707 NW	NAME STREET ADDRESS	
	☐ Change ☐ Addition		NAME STREET ADDRESS	☐ Delete	ELE 1 52000	CANACOTI	TITLE NAME STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addition		NAME STREET ADDRESS	☐ Delete	h		NAME STREET ADDRESS	
TITLE Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addition		NAME STREET ADDRESS	☐ Delete			NAME STREET ADDRESS	
TITLE 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 is a contract to the contract of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is a contract of the exemption stated in Section 119.07(3)(i), Florida Statutes.	4	-	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP	

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.

Anne M. Wallace