

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**  
 05-09-2000 90020 042 \*\*\*150.00

**DOCUMENT # P94000004605**

1. Entity Name

**DEVCO OF GULF BREEZE, INC.**

Principal Place of Business

4772 HICKORY SHORES BLVD.  
 GULF BREEZE FL 32561

Mailing Address

4772 HICKORY SHORES BLVD.  
 GULF BREEZE FL 32561-9218

2. Principal Place of Business

**647 BACK NINE DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**647 BACK NINE DRIVE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**VENICE, FLORIDA**

City & State

**VENICE, FLORIDA**

4. FEI Number

**59-3219118**

Applied For

Not Applicable

Zip

**34292**

Country

**USA**

Zip

**34292**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, DONNA  
 153 CENTER ROAD  
 SUITE 702B  
 VENICE FL 34292**

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ROLL, BERNARD R	
STREET ADDRESS	4772 HICKORY SHORES BLVD	
CITY-ST-ZIP	GUL BREEZE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROLL, CHARLES W	
STREET ADDRESS	756 TROJAN RD	
CITY-ST-ZIP	VENICE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ANDREA ROLL	
STREET ADDRESS	4772 HICKORY SHORES BLVD.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONNA ROBERTS ROLL	
STREET ADDRESS	756 TROJAN ROAD	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLL, CHARLES W	
STREET ADDRESS	647 BACK NINE DRIVE	
CITY-ST-ZIP	VENICE, FLORIDA 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA ROBERTS ROLL	
STREET ADDRESS	647 BACK NINE DRIVE	
CITY-ST-ZIP	VENICE, FLORIDA 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Charles W. Roll** **CHARLES W. ROLL VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/2000 941-493-4750**

Date

Daytime Phone #