

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** 94000013302

1. Entity Name

VENTANA Development Company, INC

Principal Place of Business

976 Villa Drive
Melbourne FL 32940

Mailing Address

00 JAN 14 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

976 Villa Drive

Suite, Apt. #, etc.

3. Mailing Address

976 Villa Drive

Suite, Apt. #, etc.

REINSTATEMENT

99-00

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3227192

Applied For

Not Applicable

5. Certificate of Status Desired

R

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

McWilliams, Timothy F
976 Villa Drive
Melbourne FL 32940

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 \$250.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
McWilliams, Timothy F
976 Villa Drive
Melbourne FL 32940☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
Title - DPST☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP200005103942
-01/20/00-01027-007
****908.75 ****908.75TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo #

1/6/00

321-308-2925

KE