

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 12, 2001 8:00 am**
Secretary of State

05-12-2001 90059 011 ***150.00

DOCUMENT # P94000067851

1. Entity Name,

NAVARRE DEVELOPMENT CORPORATION

Principal Place of Business

**6921 NAVARRE PARKWAY
NAVARRE FL 32566**

Mailing Address

**6921 NAVARRE PKWY
NAVARRE FL 32566
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3277840**

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

**BROWN, PAUL P
6921 NAVARRE PARKWAY
NAVARRE FL 32566**

Name

Street Address (P.O. Box Number is Not Acceptable)

6863 Navarre Parkway

City

Navarre

FL

Zip Code

32566

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

PAUL P BROWN**4.27.01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, PAUL P	
STREET ADDRESS	6921 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOLINARI, MADEO	
STREET ADDRESS	8525 GULF BLVD #802	
CITY-ST-ZIP	NAVARRE BCH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROWN, ELIZABETH A	
STREET ADDRESS	6921 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6863 Navarre Parkway	
CITY-ST-ZIP		
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	6863 Navarre Parkway	
CITY-ST-ZIP		
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:

ELIZABETH A. BROWN

Date

850.939.5117

Daytime Phone #

CR2E034 (10/00)