

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90046 026 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000089378**

1. Corporation Name  
**UPLAND DEVELOPMENT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ~~7051 FANTASY HEIGHTS - KISSIMMEE FL 34747 - US~~  
 Mailing Address: ~~7051 FANTASY HEIGHTS - KISSIMMEE FL 34747 - US~~

3. Date Incorporated or Qualified  
**12/09/1994**

2. Principal Place of Business: **5098 Neptune Rd.**  
 Suite, Apt. #, etc.

4. FEI Number: **58-2157881**  
 Applied For:  Not Applicable

City & State: **St. Cloud, FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip: **34769** Country: **USA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent  
~~MILLER, TOBY  
 7051 FANTASY HEIGHTS BLVD.  
 KISSIMMEE FL 34747~~

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent  
 81 Name: **Jeffrey P. Milhausen**  
 82 Street Address (P.O. Box Number is Not Applicable): **c/o Swann, Hadley P.A.**  
 83 **1031 W. Morse Blvd., Suite 270**  
 84 City: **Winter Park, FL** 85 Zip Code: **32789**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DATE: **4.22.99.**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNNERSTALL, JEFFREY C	1.2 NAME	UNNERSTALL, JEFFREY C
STREET ADDRESS	7807 MERTYLE OAK	1.3 STREET ADDRESS	9506 Kingsbury Ct.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNNERSTALL, CHRIS J	2.2 NAME	UNNERSTALL, CHRIS J
STREET ADDRESS	2807 DRIFTING LILLY LOOP	2.3 STREET ADDRESS	8657 Tara Oaks Ct.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **4-19-99** DAYTIME PHONE #: **407-390-9434**

CR2E034 (11/98)