

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089378

1. Entity Name

UPLAND DEVELOPMENT, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90138 030 ***150.00

Principal Place of Business

Mailing Address

5098 NEPTUNE RD
 ST CLOUD FL 34769
 US

5098 NEPTUNE RD
 ST CLOUD FL 34769
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2157881

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

MILHAUSEN, JEFFREY P
 C/O SWANN, HADLEY P.A.
 1031 W MORSE BLVD, STE 270
 WINTER PARK FL 32789

Name Jeffrey P. Milhausen, Esq.
 Street Address (P.O. Box Number is Not Acceptable) 40 Miller, South Milhausen, P.A.
 2699 Lee Road, Ste 120
 City Winter Park FL Zip Code 32789

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, 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 PC ☐ Delete
 NAME UNNERSTALL, JEFFREY C
 STREET ADDRESS 5098 NEPTUNE RD
 CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME UNNERSTALL, CHRIS J
 STREET ADDRESS 8657 TARA OAKS CT
 CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)