

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91589 018 \*\*\*158.75

**DOCUMENT #** P95000003674  
**1. Entity Name** Colonial Development Group, Inc.  
*NIC ELD 2/15/01*

**Principal Place of Business** 1505 E. Colonial Drive  
**Mailing Address** 1505 E. Colonial Dr.  
 Orlando, FL 32803 Orlando, FL 32803.

A0070483

**2. Principal Place of Business** 1505 E. Colonial Dr.  
**3. Mailing Address** 1505 E. Colonial Dr.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** Orlando, FL  
**City & State** Orlando, FL 32803  
**Zip** 32803 **Country** USA

**4. FEI Number** 59-3291774  
**Applied For** Not Applicable  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Charles W. Shuffield  
 315 E. Robinson Street  
 Suite 600  
 Orlando, FL 32801.

**7. Name and Address of New Registered Agent**  
 Name Charles W. Shuffield  
 Street Address (P.O. Box Number is Not Acceptable)  
 315 E Robinson St., Suite 600  
 City Orlando FL Zip Code 32801

**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]* Donaldson K. Barton, Jr. 5/1/01  
 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                |                        |                                                                            |
|----------------|------------------------|----------------------------------------------------------------------------|
| TITLE          | Nick Pope              | <input checked="" type="checkbox"/> Delete                                 |
| NAME           | James Caruso           |                                                                            |
| STREET ADDRESS | David Hughes           |                                                                            |
| CITY-ST-ZIP    |                        |                                                                            |
| TITLE          | Russ Mills             | <input checked="" type="checkbox"/> Delete                                 |
| NAME           | Austin A. Caruso       |                                                                            |
| STREET ADDRESS |                        |                                                                            |
| CITY-ST-ZIP    |                        |                                                                            |
| TITLE          | Wayne D. Charifoux     | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change |
| NAME           | Asst. Treasurer        |                                                                            |
| STREET ADDRESS | 2236 Chantilly Terrace |                                                                            |
| CITY-ST-ZIP    | Orlando, FL 32765      |                                                                            |
| 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    |                        |                                                                            |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | Donaldson K. Barton, Jr.   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PRESIDENT                  |                                                                              |
| STREET ADDRESS | 5562 Lagustrom Loop        |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32765          |                                                                              |
| TITLE          | Lawrence L. Smith, Jr.     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SECRETARY                  |                                                                              |
| STREET ADDRESS | 4120 Baurie Drive          |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32812          |                                                                              |
| TITLE          | Lucius J. Cushman, Jr.     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Asst. Treasurer            |                                                                              |
| STREET ADDRESS | 715 Florida Boulevard      |                                                                              |
| CITY-ST-ZIP    | Altamonte Springs FL 32701 |                                                                              |
| TITLE          | Stephen L. Precourt        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TREASURER                  |                                                                              |
| STREET ADDRESS | 2520 Meadowview Ct.        |                                                                              |
| CITY-ST-ZIP    | Wintermere, FL 34786       |                                                                              |
| TITLE          | Jon S. Meadows             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Vice President             |                                                                              |
| STREET ADDRESS | 1160 Barbary Trail         |                                                                              |
| CITY-ST-ZIP    | Maitland, FL 32751         |                                                                              |
| TITLE          | Donaldson K. Barton, Sr.   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Vice President             |                                                                              |
| STREET ADDRESS | 344 Swansea Court          |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32765          |                                                                              |

**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]* Donaldson K. Barton, Jr. 5/1/01 407-8916-0594  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)