## 2002 UNIFORM BUSINESS REPORT (UBR)

				,	<u>*</u>					
DOCUMENT # P95000027055  1. Entity Name WOODSIDE LAND DEVELOPMENT, CORP.						FILED 02 JUL-8 AMII: 19				
Principal Plac	e of Rusiness	Mailing Address				OF 20F =0	Am 11: 19	181		
Principal Place of Business Mailing Address 4200 N.E. 15TH AVENUE 4200 N.E. 15TH AVENUE						SECRETARY	l det ditate	- 1		
	RDALE FL 33334	FORT LAUDERDALE FL 33334				SECRETARY TALLAHASSI	F. FLARIDA			
								L Dil Adiai deini deiliai		
2. Principal P	Place of Business	3. Mailing Address	, Mailing Address			<b>     </b>		OLI ODIBI DIBE DIBE		
- 1										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
0: 00:		000				A FFI Number				
City & Stat	e	City & State			4. 1	FEI Number 65-057093	<b>3</b> 5	Applied For Not Applicable	,	
Zip Country		Zip Countr		try	_		<b>— \$8.7</b>	75 Additional	$\exists$	
		·		•	5. (	Certificate of Status Desired	7	Required		
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New	Registered Agent	ł	]	
				Name						
BALLBE, CARLOS J				Street Add	ress (P.O. E	ss (P.O. Box Number is Not Acceptable)				
4200 N.E. 15TH AVENUE										
FORT LAUDERDALE FL 33334										
	( ) In			City			FL Z	ip Code		
8 The above	named entity submits this statement fo	r the purpose of changing its	register	ed office or re	nistered an	tent or both in the State of			+	
o. The above			o rogistori	· ·	.gisicioù ug	C ( a c	ionida.			
SIGNATURE .	1000	UNIVUH 1	JHU	1712 .	rw	281/4N'	(0)0	$\mathcal{V}$		
, OIGIVATORE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature	required when re	einstating)	DATE			
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.00				4= 44	1	
Tax filing r	requirement and elects to do so.	After May 1, 20				10. Election Campaign f Trust Fund Contribut		\$5.00 May Be Added to Fees		
(See criter	ria on back)	Make Check Paya	ble to D	epartment o	f State			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11.	OFFICERS AND	DIRECTORS	12.		AC	DITIONS/CHANGES TO O			].	
TITLE	PD Ballbe, Carlos J	☐ Delete	TITLE	1				Change		
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CITY-ST-ZIP	FORT LAUDERDALE FL 33334			-ST-ZIP		-08/	13/02010	23012		
TITLE	VD	Delete	TITLE			***	<del>*400.75 _*</del>	神事学4月3 75 Change B Addition	18	
NAME	CONWAY-BALLBE, MARY C	<b>P</b>	NAM	Ε			_	· –		
STREET ADDRESS	4200 N.E. 15TH AVENUE			ET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 33334		CITY	- ST- ZIP					╛	
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TITLE		☐ Delete	TITLE			<del>-08/13</del>		hange L. Addition	7	
NAME			NAM	E		****1	5U.UU ***	#150.d0"""		
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		-ST-ZIP					1	
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	r the exer	mption stated	in Section to the the same in	119.07(3)(i), Florida Statutes	<ol> <li>I further certify that oath: that I am an</li> </ol>	at the information officer or director		
of the cor	poration or the receiver or trustee a modern or an attachment with an addless with an addless of the second or one and the second or	werefi to execute this report vith all ther like empowered	as requi	red by Chapte	er 607, Flori	da Statutes; and that my na	me appears in Bloc	k 11 or Block 12 if		
onunged,	S. S. G. G. C. C.	TEST TO SEE CHIPOWEIGH	A.A.		1 4.	1.	/ <b>q</b> {	<b>5Ψ</b>		
<b>SIGNAT</b>		Ma Rassol	11/V	11.	(2/TU	M12, 6/10	182 41	89-9801	'	
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	OR U		Date	Daytime (	Monb # TPOT	[	