

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90163 001 ***300.00

DOCUMENT # P95000042695

1. Entity Name
WATERSIDE DEVELOPMENT CORP.

Principal Place of Business Mailing Address
1092 SAN MARGO RD P.O. BOX 152
MARCO ISLAND FL 34145 MARCO ISLAND FL 34146
US US

37062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1432 FIRWOOD COURT**
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **65-0583928**
 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

YADLEY, GREGORY C
101 E. KENNEDY BLVD.
SUITE 2500
TAMPA FL 33602

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	P	<input type="checkbox"/> Delete
NAME	JAMES S HAGEDORN	
STREET ADDRESS	1092 SAN MARGO RD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEESTER, DOUGLAS J.	
STREET ADDRESS	1762 DOGWOOD DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PUSATERI, FRANCIS J	
STREET ADDRESS	1092 SAN MARGO RD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1432 FIRWOOD CT.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1432 FIRWOOD CT.
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: *James S. Hagedorn* **JAMES S. HAGEDORN** **4/5/01** **941-642-0606**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (10/00)