

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083204

1. Entity Name

SCI DEVELOPMENT, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90061 005 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 448
ELFERS FL 34680

P.O. BOX 448
ELFERS FL 34680-0448

00010546

2. Principal Place of Business

12491 OLD CRYSTAL RIVER RD
Suite, Apt. #, etc.

3. Mailing Address

12491 OLD CRYSTAL RIVER RD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE, FL

Zip

34601

Country

City & State

BROOKSVILLE, FL 34

Zip

34601

Country

HERNANDO

4. FEI Number

59-3342346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GAVARNY, EDWARD C
12491 OLD CRYSTAL RIVER RD
BROOKSVILLE FL 34601

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	MAYTS, ANDREW J	3868 TIMBER RIDGE COURT	PALM HARBOR FL 34685	
	VT			
	GAVARNY, EDWARD C	12491 OLD CRYSTAL RIVER RD	BROOKSVILLE FL 34601	
	VS			
	RHODES, JERRY A	13103 MINK RUN	HUDSON FL 34669	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 #

JAN-8-00