

2001 UNIFORM-BUSINESS REPORT (UBR)**DOCUMENT # P96000001554**

1. Entity Name

CARLYLE DEVELOPMENT COMPANY

Principal Place of Business

**7777 N AIA
VERO BEACH FL 32963-4216**

Mailing Address

**7777 N AIA
VERO BEACH FL 32963-4216
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**PHILIPPE, JACK ESQ
C/O JECK, HARRIS & JONES, LLP
1061 E. INDIANTOWN RD., STE 400
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name

Philippe Jeck, Esquire

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

c/o Jeck, Harris & Jones, LLP**1061 E. Indiantown Road, Suite 400**

City

Jupiter

FL

Zip Code

33477-5143

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.

Philippe Jeck

(NOTE: Registered Agent signature required when reinstating)

01/22/01

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

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	SIMPSON, R. MASON	
STREET ADDRESS	1736 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Mason Simpson, President

01/04/01

Date

(561) 231-3131

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90066 049 ***150.00

U0011302

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0632248**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)

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