2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000013729** Mar 13, 2000 8:00 am **Secretary of State** REEF INTERNATIONAL DEVELOPMENT CORPORATION 03-13-2000 90001 021 ***150.00 Principal Place of Business Mailing Address 9404 VONN RD 9404 VONN RD SEMINOLE FL 34646 SEMINOLE FL 34646 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3367368 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEACH, DONALD J Street Address (P.O. Box Number is Not Acceptable) 9404 VONN RD SEMINOLE FL 34646 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME GRINDLEY, KEITH N STREET ADDRESS STREET ADDRESS 2300 1ST ST, STE A CITY-ST-7IP CITY-ST-ZIP **INDIAN ROCKS BCH FL 33785** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME BEACH, DONALD J STREET ADDRESS STREET ADDRESS 9404 VONN RD CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition

13. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

DONALD BONCH PRESIDENT 3-07-00 127-302-2655

☐ Delete

Change

Addition