

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029456

1. Entity Name

MAGNOLIA POINTE DEVELOPMENT, INC.

**FILED**  
**Sep 22, 2000 8:00 am**  
**Secretary of State**

09-22-2000 90004 041 \*\*\*750.00

Principal Place of Business

12543 MAGNOLIA COVE COURT  
 CLERMONT FL 34711

Mailing Address

12543 MAGNOLIA COVE COURT  
 CLERMONT FL 34711

2. Principal Place of Business

17400 FOUNTAIN BLEAU DR  
 Suite, Apt. #, etc.

3. Mailing Address

17400 FOUNTAIN BLEAU DR  
 Suite, Apt. #, etc.

00107410



DO NOT WRITE IN THIS SPACE

City & State

CLERMONT, FLORIDA

Zip

34711

Country

City & State

CLERMONT, FLORIDA

Zip

34711

Country

4. FEI Number

59-3371064

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOBAN, TIMOTHY P ESQUIRE  
 220 W. ALFRED STREET  
 TAVARES FL 32778

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **DECKER, DANIEL J**  
 STREET ADDRESS **12543 MAGNOLIA COVE COURT**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 9-20-00

Date

4076549221

Daytime Phone #

CR2E034 (5/00)