

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90055 043 ***150.00

0530385

DOCUMENT # P96000029456

1. Entity Name

MAGNOLIA POINTE DEVELOPMENT, INC.

Principal Place of Business

**17400 FOUNTAIN BLEAU DR
 CLERMONT FL 34711**

Mailing Address

**17400 FOUNTAIN BLEAU DR
 CLERMONT FL 34711**

2. Principal Place of Business

675 E. Hwy 50

3. Mailing Address

675 E. Hwy 50

Suite, Apt. #, etc.

CLERMONT, FL 34711

Suite, Apt. #, etc.

CLERMONT, FL

City & State

34711 LAKE

City & State

34711 LAKE

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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 **Kristin C. Nailor, Esquire**

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

450 E. Hwy. 50, Suite 7

City **Clermont**

FL

Zip Code

34711

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

Kristin C. Nailor Attorney at law

4/6/01

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, 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 **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
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **DECKER, DANIEL J**
 STREET ADDRESS **9943 LAKE LOUISA RD**
 CITY-ST-ZIP **CLERMONT, FL 34711**

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

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

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TITLE ☐ Change ☐ 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:

Prz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/01

Daytime Phone #

CR2E034 (10/00)