

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089098

1. Entity Name

ALTAMONTE SPRINGS DEVELOPMENT CORPORATION

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90003 022 ***150.00

Principal Place of Business

Mailing Address

C/O MATEER & HARBERT, P.A.
225 E. ROBINSON, STE. #600
ORLANDO FL 32801

P.O. BOX 2854
ORLANDO FL 32802-2854

2. Principal Place of Business

3. Mailing Address

10213 - 111 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EDMUNDSON ALBANY

Zip

Country

Zip

Country

TSK 216

CALHOUN

4. FEI Number 91-1884778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABRIELSON, W SCOTT
225 EAST ROBINSON STREET
TWO LANDMARK CENTER, SUITE #600
ORLANDO FL 32801

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, W. GUY
8687 E. VIA DE VENTURA SUITE 318
SCOTTSDALE AZ 85258 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JEFFREY, RONALD
17 S. BRIAR HOLLOW LANE SUITE 208
HOUSTON TX 77027 ☐ Delete

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

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☐ Change ☐ 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 #

00620650

CR2E034 (10/00)