

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028360

1. Entity Name
PLAN DEVELOPERS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90076 027 ***150.00

Principal Place of Business
4900 MANATAE AVE W
101
BRADENTON FL 34209
US

Mailing Address
4900 MANATAE AVE W
101
BRADENTON FL 34209-3859
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0761392**
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

COURTNEY, CALVERT
2202 6TH ST W
PALMETTO FL 34209

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	DP	<input checked="" type="checkbox"/> Delete
NAME	STROYAN, DAVID B.	
STREET ADDRESS	14789 SEMINOLE TRAIL	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VPST	<input checked="" type="checkbox"/> Delete
NAME	LABONTE, LEO L.	
STREET ADDRESS	12096 84TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	BULLARD, JR. F	
STREET ADDRESS	2325 ULMERTON RD STE 20	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNEEL, VAN L.	
STREET ADDRESS	5401 W KENNEDY BLVD #751	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVERT COURTNEY	
STREET ADDRESS	2202-Cast W	
CITY-ST-ZIP	PALMETTO, FLA. 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: COURTNEY CALVERT 4/19/00 941-750-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)