

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/15/

FILED

Jun 26, 2000 8:00 am  
Secretary of State

06-26-2000 90001 004 \*\*\*\*88.75  
05-15-2000 90274 039 \*\*\*\*61.25

<b>DOCUMENT # P97000046610</b>			
1. Entity Name <b>BOYNE SOUTH DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>18100 ROYAL TREE PARKWAY NAPLES FL 34114</b>		Mailing Address <b>18100 ROYAL TREE PARKWAY NAPLES FL 34114-8941</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent <b>PRANGE, AMY 18100 ROYAL TREE PARKWAY NAPLES FL 34114</b>		4. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <i>Amy Prange</i> 4/26/2000 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when renewing) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<del>FILE NOW!!! FEE IS \$150.00</del> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PRANGE, AMY 18100 ROYAL TREE PARKWAY NAPLES FL 34114</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6555 SANDALWOOD LAKE NAPLES FL 34109</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KIRCHER, STEPHEN BOYNE MOUNTAIN ROAD BOYNE FALLS MI 49713</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Michael Kircher</i> 4/20/00 (941) 263-2810 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOYING OFFICER OR DIRECTOR</small>			



DO NOT WRITE IN THIS SPACE