

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090328

1. Entity Name

~~ROWLIN DEVELOPMENT CORP.~~

Villas of Lake Mary Sales Corp.

NIC
filed
3/24/01
HAM

Principal Place of Business

Mailing Address

1008 E. STRAWBRIDGE AVE.
MELBOURNE FL 32901

1008 E. STRAWBRIDGE AVE.
MELBOURNE FL 32901

2. Principal Place of Business

~~609~~ 200 OCEAN AVE

3. Mailing Address

609 JASMINE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

Zip

32951

Country

United

Zip

32951

Country

United

6. Name and Address of Current Registered Agent

MORSE, ROBERT W.
609 JASMINE DRIVE
MELBOURNE BEACH FL 32951

4. FEI Number

59-3471494

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

4/6/01

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 P
NAME MORSE, ROBERT W
STREET ADDRESS 609 JASMINE DRIVE
CITY-ST-ZIP MELBOURNE BCH FL 32951 ☐ Delete

TITLE V
NAME MORSE, DAVID S
STREET ADDRESS 1813 GRAND ISLE CIRCLE, #213A
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE ~~SA~~
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME MORSE, DAVID
STREET ADDRESS 240 Springdale Rd
CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

TITLE
NAME Secretary
STREET ADDRESS William MORSE
CITY-ST-ZIP 117 Red Bay Dr
Longwood, FL 32779 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

ROBERT MORSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/01

Date

Daytime Phone #

321-712-8932

CR2E034 (10/00)

0001279

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90108 009 ***158.75

A0050342



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