

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091304

1. Entity Name *REC. Property Developers, Inc.*

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90001 038 ***150.00

Principal Place of Business *3460 Tucker Ave.*
St. Cloud, Fl. 34772

Mailing Address *3460 Tucker Ave.*
St. Cloud, Fl.
34772

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number *59-3488272* Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Mateen + Harbert, PA
225 E. Robinson Street
Suite 600, Two Landmark Center
Orlando, Fl. 32801

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 _____ (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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	Perry, Robert	
STREET ADDRESS	3460 Tucker Avenue	
CITY-ST-ZIP	St. Cloud Fl. 34772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Ford, Wesley	
STREET ADDRESS	420 West Cherry St	
CITY-ST-ZIP	Kissimmee Fl. 34741	
TITLE	DT	<input type="checkbox"/> Delete
NAME	Ludwig, Chris	
STREET ADDRESS	2831 E Irlo Bronson Hwy	
CITY-ST-ZIP	Kissimmee Fl. 34744	
TITLE	S	<input type="checkbox"/> Delete
NAME	Ludwig, Melissa	
STREET ADDRESS	2831 E Irlo Bronson Hwy	
CITY-ST-ZIP	Kissimmee Fl. 34744	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Perry, Marge	
STREET ADDRESS	2123 Balboa	
CITY-ST-ZIP	Kissimmee Fl. 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: *ROBERT J PERRY* *Robert J Perry* (407) 892-8827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *2-25-00* Daytime Phone #

CR2E034 (9/99)