

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90445 028 ***150.00

DOCUMENT # P97000092051

1. Entity Name
RESIDENTIAL DEVELOPMENT CORPORATION



Principal Place of Business
**14400 TAMiami TRAIL, SUITE
NORTH PORT FL 34287
US**

Mailing Address
**PO BOX 7470
NORTH PORT FL 34287**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0790216**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CONIGLIO, MICHAEL J
971 E TENNESSEE ST
TALLAHASSEE FL 32308**

Name **RONALD C. WALKER**

Street Address (P.O. Box Number is Not Acceptable)

475 S. GREEN DOLPHIN DRIVE

City **CAPE HAZE**

FL

Zip Code
33946

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WALKER, RONALD C**
STREET ADDRESS **20 SPORTSMAN CIRCLE**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **P** ☒ Change ☐ Addition
NAME **WALKER, RONALD C**
STREET ADDRESS **475 S. GREEN DOLPHIN DR**
CITY-ST-ZIP **CAPE HAZE, FL 33946**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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 #

1/8/03

94-628-3563

CR2E034 (10/02)