

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104371

1. Entity Name

DEVELOPORT, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90063 018 ***150.00

Principal Place of Business

Mailing Address

1512 EAST BROWARD BLVD. #200
FORT LAUDERDALE FL 33301

1512 EAST BROWARD BLVD. #200
FORT LAUDERDALE FL 33301-2146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0809172

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

MCCRORY, J W
1512 EAST BROWARD BLVD. #200
FORT LAUDERDALE FL 33301

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

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 ☐ Delete
NAME MCCRORY, J W
STREET ADDRESS 1512 EAST BROWARD BLVD. #200
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☐ Change ☒ Addition
NAME EDWARD A. KILROY, JR
STREET ADDRESS 2701 CHESTERTON RD
CITY-ST-ZIP SHAKER HEIGHTS, OHIO 44122

TITLE DST ☐ Delete
NAME STONE, EDWARD D JR
STREET ADDRESS 1512 EAST BROWARD BLVD. #200
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☐ Change ☒ Addition
NAME BRADLEY A. AELSUE
STREET ADDRESS 2500 S. TEJON STREET
CITY-ST-ZIP ENGLEWOOD, CO 80110-1128

TITLE D ☒ Delete
NAME ALLEN, EDWARD R
STREET ADDRESS 1760 S.E. 10TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316-1424

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

TITLE D ☐ Delete
NAME MOSS, BOB L
STREET ADDRESS 625 THIRD KEY DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

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

TITLE D ☒ Delete
NAME GATES, ROBERT S
STREET ADDRESS 10 ISLA BAHIA
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

954-462-5835

J. WALTER MCCRORY

CR2F034 10/00