

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001360

1. Entity Name

PALM DEVELOPMENT, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90142 048 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1004 S.W. 48TH TERRACE  
UNIT 200  
CAPE CORAL FL 33914-1247~~

~~1004 S.W. 48TH TERRACE  
UNIT 201  
CAPE CORAL FL 33914-4929  
US~~

2. Principal Place of Business

3. Mailing Address

~~331 CAPE CORAL PKWY W~~  
Suite, Apt. #, etc.  
UNIT C

~~331 CAPE CORAL PKWY W~~  
Suite, Apt. #, etc.  
UNIT C

City & State  
CAPE CORAL FL

City & State  
CAPE CORAL, FL

Zip  
33914

Country  
USA

Zip  
33914

Country  
USA

4. FEI Number  
65-0803738

APPLIED FOR  
Applied For  
Not Applicable

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

~~SCHUTT, ROGER L.  
1004 S.W. 48TH TERRACE  
UNIT 201  
NAPLES FL 33914~~  
PETERSON ROBERT V.  
331 CAPE CORAL PKWY W  
UNIT C  
CAPE CORAL, FL 33914

Name ROBERT V. PETERSON  
Street Address (P.O. Box Number is Not Acceptable)  
331 CAPE CORAL PKWY W  
UNIT C  
City CAPE CORAL, FL 33914

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 *Robert V. Peterson* Robert V. Peterson 1-21-00  
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	PSD	<input type="checkbox"/> Delete
NAME	PETERSON, BOB	
STREET ADDRESS	840 WESTLAND CENTER ROAD	
CITY-ST-ZIP	SCOTTSVILLE NY 14540	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SCHUTT, ROGER	
STREET ADDRESS	1004 S.W. 48TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, BOB	
STREET ADDRESS	331 CAPE CORAL PKWY W UNIT C	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REST OK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL ZACAMON	
STREET ADDRESS	ONE GROVE ST.	
CITY-ST-ZIP	PITTSFORD, NY 14534	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY SCALIA	
STREET ADDRESS	8106 State St. Rd.	
CITY-ST-ZIP	BATAVIA, NY 14020	
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 V. Peterson* Pres Robert V. Peterson, Pres 1-21-00 941-542-9271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #