

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90313 027 \*\*\*150.00

**DOCUMENT # P98000003789**

1. Entity Name  
**ERCO DEVELOPMENT, INC.**

Principal Place of Business  
**P.O. BOX 1508  
 WINTER PARK FL 32790**

Mailing Address  
**P.O. BOX 1508  
 WINTER PARK FL 32790**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #: etc.

Suite, Apt. #: etc.

City & State

City & State

4. FEI Number **59-3486258**

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

**WILLIAMS, WARREN E  
 28 W. CENTRAL BOULEVARD  
 P.O. BOX 3444  
 ORLANDO FL 32802**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
 NAME **GARBE, UDO**  
 STREET ADDRESS **535 PARK AVENUE NORTH**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **P D AS AT** ☒ Change ☐ Addition  
 NAME **Udo Garbe**

TITLE **S** ☐ Delete  
 NAME **HOCKMAN, JOSIE**  
 STREET ADDRESS **P.O. BOX 1508**  
 CITY-ST-ZIP **WINTER PARK FL 32790**

TITLE **VP S T** ☒ Change ☐ Addition  
 NAME **Josie Hockman**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Hal Marston**  
 STREET ADDRESS **535 Park Avenue North**  
 CITY-ST-ZIP **Winter Park FL 32789**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

13. I hereby certify that the information indicated on this report or supplement 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 order for like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)