

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005132

1. Entity Name:

WORTHWHILE DEVELOPMENT IV, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90070 018 \*\*\*158.75

Principal Place of Business

2949 W. STATE ROAD 434  
SUITE 400  
LONGWOOD FL 32779

Mailing Address

2949 W. STATE ROAD 434  
SUITE 400  
LONGWOOD FL 32779

2. Principal Place of Business

2933 W SR 434

Suite, Apt. #, etc.

Suite 101

City & State

3. Mailing Address

2933 W SR 434

Suite, Apt. #, etc.

Suite 101

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3523190

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROYALL, H J JR  
2949 W. SR 434  
STE 400  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

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

2933 W SR 434

Suite 101

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.

President

(NOTE: Registered Agent signature required when reinstating)

4/19/01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ROYALL, H J JR  
2949 W. SR 434 STE 400  
LONGWOOD FL 32779

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2933 W SR 434, Ste 101

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H J Royall, Jr 4/19/01 407-224-1303

Date

Daytime Phone #

President

CR2E034 (10/00)