

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0086165 AV

DOCUMENT # P98000017154

1. Entity Name  
MASTER DEVELOPMENT OF CENTRAL FLORIDA, INC.



04-30-2003 90143 011 \*\*\*150.00

Principal Place of Business  
~~205 MAITLAND AVENUE SOUTH, STE 210~~  
~~MAITLAND FL 32751~~

Mailing Address  
~~205 MAITLAND AVENUE SOUTH, STE 210~~  
~~MAITLAND FL 32751~~

11030130



2. Principal Place of Business  
*1053 Maitland Center Commons Blvd.*

3. Mailing Address

Suite, Apt. #, etc.  
*2nd Floor*

Suite, Apt. #, etc.

City & State  
*Maitland FL*

City & State

Zip  
*32751*

Country

Zip

Country

4. FEI Number  
*59-3518799*

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, BERRY J JR  
~~205 MAITLAND AVENUE SOUTH, STE 210~~  
~~MAITLAND FL 32751~~

Name

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

*1053 Maitland Center Commons*  
*2nd Floor*

City

*Maitland*

FL

Zip Code

*32751*

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

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDST  
WALKER, BERRY J JR  
~~205 MAITLAND AVENUE SOUTH, STE 210~~  
~~MAITLAND FL 32751~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*1053 Maitland Center Commons Blvd. 2nd Floor*  
*Maitland, FL 32751*

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/03* *407-478-1866*  
Date Daytime Phone #

CR2E034(10/02)