

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90133 028 \*\*\*550.00

**DOCUMENT # P98000018088**

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

Principal Place of Business  
~~3280 WEST FIRST STREET~~  
~~SANFORD FL 32771~~  
~~US~~

Mailing Address  
 P O BOX 941719  
 MAITLAND FL 32794-1719  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1917 Boothe Cr.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 131**

Suite, Apt. #, etc.

City & State  
**Longwood, FL 32750**

City & State

4. FEI Number  
**59-3496296**

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

**MOORE, DONALD L JR.**  
~~3280 WEST FIRST STREET~~  
~~SANFORD FL 32771~~

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**250 White Cedar Road North**

City Sanford **FL** Zip Code **32771**

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 **Donald L. Moore, Jr.**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **DPS**  
 STREET ADDRESS **MOORE, DONALD L JR.**  
 CITY-ST-ZIP **3280 WEST FIRST STREET- SANFORD FL 32771**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **250 North White Cedar Road**  
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: **Donald L. Moore, Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-24-01** **407-339-9883**  
 Date Daytime Phone #

CR2E034 (5/01)