

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-05-2001 90023 030 ***150.00

DOCUMENT # P98000036551

1. Entity Name

REYNOLDS DEVELOPMENT CORP.

Principal Place of Business

5749 WHEELER ROAD
 BUILDING 428
 INDIANAPOLIS IN 46216-1039

Mailing Address

PO BOX 4961
 ORLANDO FL 32802
 US

2. Principal Place of Business

3. Mailing Address

600 Cleveland St

600 Cleveland St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 460

Suite 460

City & State

City & State

Clearwater FL

Clearwater FL

Zip

Zip

33755

33755

Country

Country

US

US

4. FEI Number 58-2390852

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
 390 NORTH ORANGE AVENUE
 SUITE 1100
 ORLANDO FL 32801

Name

Elise K. Winters

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

600 Cleveland St.

Suite 940

City

Clearwater

FL

Zip Code

33755

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 DPST ☐ Delete
 NAME REYNOLDS, GARY W
 STREET ADDRESS 600 CLEVELAND ST 990
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☒ Change ☐ Addition
 NAME Reynolds, Gary M
 STREET ADDRESS 600 Cleveland
 CITY-ST-ZIP Suite 460

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

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 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:

GARY M. REYNOLDS, PRESIDENT

Date

Daytime Phone #

127/449-8788

CR2E034 (10/00)