

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90150 026 ***150.00

DOCUMENT # P98000045256

1. Entity Name
MCLV DEVELOPMENT, INC.

000404



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
920 TENNESSEE LANE **920 TENNESSEE LANE**
SARASOTA FL 34234 **SARASOTA FL 34234-5713**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0838559** 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
LANDY, SUSAN
200 CENTRAL AVE STE 2300
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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 | D | <input type="checkbox"/> Delete |
| NAME | JELORMINE, L R | |
| STREET ADDRESS | 5660 MAIN ST | |
| CITY-ST-ZIP | TRUMBULL CT 06611 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JELORMINE, MELINDA | |
| STREET ADDRESS | 5660 MAIN ST | |
| CITY-ST-ZIP | TRUMBULL CT 06611 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUCKWALTER, VINCE | |
| STREET ADDRESS | 920 TENNESSEE LANE | |
| CITY-ST-ZIP | SARASOTA FL 34234 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUCKWALTER, CYNTHIA | |
| STREET ADDRESS | 920 TENNESSEE LANE | |
| CITY-ST-ZIP | SARASOTA FL 34234 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Vince Buckwalter **Vince Buckwalter** 1/4/00 941 355 5467
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #