

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046770

1. Entity Name
COURTNEY VILLAGE DEVELOPMENT, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90106 026 ***150.00

Principal Place of Business Mailing Address

250 INTERNATIONAL PKWY, SUITE 220 250 INTERNATIONAL PKWY, SUITE 220
HEATHROW FL 32746 HEATHROW FL 32746-5006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OGIER, GERALD D
250 INTERNATIONAL PKWY, SUITE 220
HEATHROW FL 32746

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

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	OGIER, GERALD D	
STREET ADDRESS	250 INTERNATIONAL PKWY, SUITE 220	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFER, JOHN A	
STREET ADDRESS	250 INTERNATIONAL PKWY, SUITE 220	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDANIEL, DAVID G	
STREET ADDRESS	250 INTERNATIONAL PKWY, SUITE 220	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Schaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 (407) 333-0066
Date Daytime Phone #

CR2E034 (9/99)