

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90635 009 ***158.75

DOCUMENT # P98000053406

1. Entity Name
LINDNER-COLE DEVELOPMENT, INC.

Principal Place of Business
701 CAMINO REAL #7A
BOCA RATON FL 33432

Mailing Address
3105 W. SCENIC DR.
DANIELSVILLE PA 18038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3105 W. Scenic Dr
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Danelsville PA

City & State

4. FEI Number **65-0843293**

Applied For
 Not Applicable

Zip
18038

Country
USA

Zip
 Country

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

6. Name and Address of Current Registered Agent

RAYSON, JOHN C
2400 E. OAKLAND PARK BLVD
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **Brady, Brady PA**
 Street Address (P.O. Box Number is Not Acceptable)
370 N. Camino Gardens Blvd
Suite 200 C
 City **Boca Raton** **FL** Zip Code **33432**

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

Frank R. Brady, president

4-26-01

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)

**FEES: \$8.75 FEE FOR FILING
 AFTER MAY 11, 2001 FEE WILL BE \$50.00
 (Note: Check is payable to: Department of State)**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST COLE, STEPHANIE M 3105 W. SCENIC DR. DANIELSVILLE PA 18038	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 assignment with an address, with any other line empowered.

SIGNATURE:

Stephanie M. Cole

4/26/01

614 2376280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephanie M. Cole Sec. Treas. 4127101