## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P98000055217** Apr 10, 2000 8:00 am Secretary of State COURTNEY LANDING DEVELOPMENT, INC. 04-10-2000 90030 037 \*\*\*150.00 Mailing Address Principal Place of Business 250 INTERNATIONAL PARKWAY, SUITE 220 250 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW FL 32746-5006 HEATHROW FL 32746 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3518772 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OGIER, GERALD D Street Address (P.O. Box Number is Not Acceptable) 250 INTERNATIONAL PARKWAY, SUITE 220 **HEATHROW FL 32746** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE TITLE OGIER, GERALD D NAME NAME STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** Change ☐ Addition ☐ Delete TITLE NAME SCHAFFER, JOHN A NAME STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** Change ☐ Addition ☐ Delete TITLE TITLE MCDANIEL, DAVID G NAME NAME STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 addiess, with all other like empowered.

SIGNATURE:

SUNTANDER OF PRINTED NAME OF SENIND OFFICER OR DIRECTOR

4/4/00 (407)333-0066

Daytime Phone #