

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086812

1. Entity Name

CENTURY CITY DEVELOPMENT CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90203 004 ***158.75

Principal Place of Business

Mailing Address

11006 4TH STREET N
ST PETERSBURG FL 33716

11006 4TH STREET N
ST PETERSBURG FL 34684-4757

2. Principal Place of Business

381 West Winds Dr.

3. Mailing Address

381 West Winds Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm Harbor FL

City & State
Palm Harbor FL

4. FEI Number
59-3537550

Applied For
Not Applicable

Zip
34683

Country
Pinellas

Zip
34683

Country
Pinellas

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

REED, R L
11006 4TH STREET N
ST PETERSBURG FL 33716

Name
Reed R L
Street Address (P.O. Box Number is Not Acceptable)
381 West Winds Dr
City
Palm Harbor FL Zip Code
34683

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 R L Reed
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REED, R L
11006 4TH STREET N
ST PETERSBURG FL 33716
☐ Delete
Address change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Reed R L
381 West Winds Dr
Palm Harbor 34683
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALKER, RON
209 NESTLE BRANCH DR
SAFETY HARBOR FL 34695
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Walker Ron
209 Nestle Branch Dr
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, L R
1125 77 ST N
ST PETERSBURG FL 33710
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
James Larson
5115 Bay State Rd
Palmetto FL 34221
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00

CR2E034 (9/99)