

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086812

1. Entity Name

CENTURY CITY DEVELOPMENT CORPORATION

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91779 001 \*\*\*\*\*8.75  
 05-18-2001 91779 002 \*\*\*150.00

Principal Place of Business

381 WEST WINDS DR.  
 PALM HARBOR FL 34683

Mailing Address

381 WEST WINDS DR.  
 PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

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  
 381 WEST WINDS DR.  
 PALM HARBOR FL 34683

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, 2001 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 P  
 NAME REED, R L  
 STREET ADDRESS 381 WEST WINDS DR.  
 CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

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

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

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

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

TITLE D  
 NAME LARSON, JAMES  
 STREET ADDRESS 5115 BAY STATE RD  
 CITY-ST-ZIP PALMETTO FL 34221 ☐ 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

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1 2001 727-942-6475

Date

Daytime Phone #

CR2E034 (10/00)