

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097547

1. Entity Name

MORNINGSTAR DEVELOPMENT COMPANY, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90343 011 ***150.00

0037375

Principal Place of Business Mailing Address
10312 BLOOMINGDALE AVE., STE. A-2 10312 BLOOMINGDALE AVE., STE. A-2
RIVERVIEW FL 33569 RIVERVIEW FL 33569

2. Principal Place of Business 3. Mailing Address
316 East Bloomingdale Avenue 316 East Bloomingdale Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Brandon, Florida Brandon, Florida
Zip Zip
33511 33511

4. FEI Number 59-3555423 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALBAUGH, MITCHELL E
10312 BLOOMINGDALE AVE., STE. A-2
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLAGH, JAMES P 11305 LEPRECHAUN DR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, L.DAVID 942 SYMPHONY ISLES BLVD. APOLLO BEACH-FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, MANUEL A JR. 611 PINEDALE CT. BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRIGGERS, BONITA GAIL 2902 N FRITZKE RD DOVER FL 39527	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

MANUEL A. DIAZ JR.

Date

Daytime Phone #

(813) 621-7777

CR2E034 (10/00)