

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90261 019 \*\*\*150.00

DOCUMENT # P98000098650

1. Entity Name  
DON DANILO DEVELOPMENT CO.

Principal Place of Business

3240 S.W. 34TH STREET  
APARTMENT 319  
OCALA FL 34474

Mailing Address

3240 S.W. 34TH STREET  
APARTMENT 319  
OCALA FL 34474

2. Principal Place of Business

4440 SW 44 LANE

3. Mailing Address

4440 SW 44 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number 59-3556302

Applied For

Not Applicable

Zip

Country

34474

Zip

Country

34474

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

KASPER, JOHN A  
2320 N.E. 2ND STREET  
SUITE 1A  
OCALA FL 34470

Name

J. WARREN BULLARD

Street Address (P.O. Box Number is Not Acceptable)

18 NW 3rd Ave

City

OCALA, FL

FL

Zip Code

34475

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

J. Warren Bullard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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 D ☒ Delete  
NAME DIAZ, CRISTOBAL  
STREET ADDRESS 3240 S.W. 34TH STREET, APT. 319  
CITY-ST-ZIP Ocala FL 34474

TITLE V.T. ☐ Change ☒ Addition  
NAME Maria E. Diaz  
STREET ADDRESS 4440 S.W. 44th Lane  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Delete  
NAME ~~CRISTOBAL DIAZ~~  
STREET ADDRESS ~~4440 S.W. 44th Lane~~  
CITY-ST-ZIP ~~Ocala, FL 34474~~

TITLE P,D,S ☐ Change ☒ Addition  
NAME Cristobal Diaz  
STREET ADDRESS 4440 S.W. 44th Lane  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Delete  
NAME ~~CRISTOBAL DIAZ~~  
STREET ADDRESS ~~4440 S.W. 44th Lane~~  
CITY-ST-ZIP ~~Ocala, FL 34474~~

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 #

4/18/01 (352) 237-5767

CR2E034 (10/00)