

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90039 047 ***158.75

DOCUMENT # P98000098760

1. Entity Name

ARBOURS DEVELOPMENT GROUP, INC.

Principal Place of Business

Mailing Address

**888 S ANDREWS
STE 203
FORT LAUDERDALE FL 33316****888 S ANDREWS
STE 203
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

9 SE 11 Ave
Suite, Apt. #, etc.**PO Box 1585**
Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Ft. Lauderdale FLZip
33301Country
USAZip
33302Country
USA4. FEI Number **65-0877597**

Applied For

Not Applicable

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

**DILLON, JEFFREY
936 INTRACOASTAL DRIVE
STE 607
FORT LAUDERDALE FL 33304**Name **Jonathan P. Kross**
Street Address (P.O. Box Number is Not Acceptable)
2461 West Hillsboro Blvd
City **Deerfield Beach** FL Zip Code **33442**

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 State10. 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	<input type="checkbox"/> Delete
	P			
	DELEO, JOHN	3247 NW 22 AVE	FORT LAUDERDALE FL 33309	
	STDV			
	DILLON, JEFFREY	936 INTRACOASTAL DRIVE	FORT LAUDERDALE FL 33304	
	D			
	LOVELL, CLINTON E	15519 DAWN BROOK DRIVE	HOUSTON TX 77068	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/17/01 954-522-3311

CR2E034 (10/00)