## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am Secretary of State DOCUMENT # P98000101143 1. Entity Name 05-27-2002 90346 029 \*\*\*158.75 COURTNEY SPRINGS DEVELOPMENT, INC. Principal Place of Business Mailing Address 250 INTERNATIONAL PARKWAY STE 220 250 INTERNATIONAL PARKWAY STE 220 **HEATHROW FL 32746** HEATHROW FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3546901 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHAFFER, JOHN A Street Address (P.O. Box Number is Not Acceptable) 250 INTERNATIONAL PARKWAY STE 220 **HEATHROW FL 32746** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OGIER, GERALD D NAME STREET ADDRESS 250 INTERNATIONAL PARKWAY STE 220 STREET ADDRESS CITY-ST-7IP **HEATHROW FL 32746** CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME SCHAFFER, JOHN A NAME STREET ADDRESS 250 INTERNATIONAL PARKWAY STE 220 STREET ADDRESS CITY-ST-ZIP **HEATHROW FL 32746** CITY-ST-ZIP TITLE - Delete TITLE ☐ Change ☐ Addition MCDANIEL, DAVID G NAME STREET ADDRESS 250 INTERNATIONAL PARKWAY STE 220 STREET ADDRESS CITY-ST-ZIP **HEATHROW FL 32746** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**