

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101265

1. Entity Name  
HISTORIC VILLAGE DEVELOPMENT CORPORATION

Principal Place of Business  
20607 W. PENNSYLVANIA AVENUE  
DUNNELLON FL 34431

Mailing Address  
20607 W. PENNSYLVANIA AVENUE  
DUNNELLON FL 34431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3546837

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

MARTIN, ROBERT F III  
20607 W. PENNSYLVANIA AVENUE  
DUNNELLON FL 34431

Name Barbara O'Brien Vice Pres  
Street Address (P.O. Box Number is Not Acceptable)  
Box 502037  
City St Thomas VI FL Zip Code 00805

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 Robert F. Martin III  
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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 MARTIN, ROBERT F III  
STREET ADDRESS 20607 W. PENNSYLVANIA AVENUE  
CITY-ST-ZIP DUNNELLON FL 34431

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

8/16/2000 352-825-4810  
Date Daytime Phone #

FILED  
Aug 21, 2000 8:00 am  
Secretary of State

08-21-2000 90205 035 \*\*\*550.00

A0073419



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)