

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103114

1. Entity Name

LINKSIDE DEVELOPMENT, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90031 037 ***150.00

Principal Place of Business

Mailing Address

3485 SUNSET KEY CIRCLE

3485 SUNSET KEY CIRCLE

A-1

A-1

PUNTA GORDA FL 33955

PUNTA GORDA FL 33955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2541004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORE, JAMES E III

SUITE 2

1625 WEST MARION AVENUE

PUNTA GORDA FL 33950

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

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, 2000 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	PO	<input type="checkbox"/> Delete
NAME	STOUT, WILLIAM J	
STREET ADDRESS	5395 ROSEWELL ROAD, NE	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHEEHAN, ROBERT	
STREET ADDRESS	5395 ROSEWELL ROAD, NE	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCGOUGH, PETER T	
STREET ADDRESS	1900 LAGOON LANE	
CITY-ST-ZIP	CAPE CORAL FL 33941	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, TED	
STREET ADDRESS	3485 SUNSET KEY CIRCLE, STE A1	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/15/00

Date

941 505 7084

Daytime Phone #

CR2E034 (9/99)