

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90105 044 ***150.00

DOCUMENT # P99000005051

1. Entity Name

CAPITAL DEVELOPMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

251 N. MAITLAND AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 215

City & State

City & State

ALTAMONTE SPRINGS

Zip

Country

Zip

Country

32701

SEMINOLE

4. FEI Number

59-3554608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN P ENDICOTT

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

251 N MAITLAND AVE

SUITE 215

City

ALTAMONTE SPRINGS FL

Zip Code

32701

**DO NOT WRITE
IN THIS SPACE**

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's 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
JOHN W. SLAVENS
120 OAKLEIGH LN
MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P.
RICHARD J. TRACY
150 BETHEL OAKS LN
ENTERPRISE FL 32725

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

407-875-1590

Daytime Phone #

CR2E034B (12/01)