

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038154

1. Entity Name

SANTANA DEVELOPMENT CORPORATION

Principal Place of Business
846 AIRPORT RD
PORT ORANGE FL 32124-7414

Mailing Address
846 AIRPORT RD
PORT ORANGE FL 32124-7414

2. Principal Place of Business
850 Airport Road

3. Mailing Address
850 Airport Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Orange, Fl 32124

City & State
Port Orange, Fl 32124

Zip

Country

Zip

Country

4. FEI Number 59-3585443

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

WOOD, YVONNE M
846 AIRPORT ROAD
NEW SMYRNA BEACH FL 32168

Name

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

City
Port Orange

FL

Zip Code
32124

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 *Yvonne Wood* Yvonne Wood Director

February 12, 2001

(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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	WOOD, JACK D	846 AIRPORT RD	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>
	WOOD, YVONNE M	846 AIRPORT RD	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		850 Airport Road	Port Orange, Fl 32124	<input checked="" type="checkbox"/>
		850 Airport Road	Port Orange, Fl 32124	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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: *Yvonne Wood* Yvonne Wood Director February 12, 2001 386 428-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0007459

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90093 047 ***158.75

0002000



DO NOT WRITE IN THIS SPACE