

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041607

1. Entity Name  
CHERRYWOOD DEVELOPMENT INC.

Principal Place of Business: 4846 CHERRY RD  
WEST PALM BEACH FL

Mailing Address: 4846 CHERRY RD  
WEST PALM BEACH FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33417

33417

4. FEI Number

65-0920608

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

BUTCH, PARK I  
2709 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33311

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 \$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	President	<input type="checkbox"/> Delete
NAME	Park I Butch	
STREET ADDRESS	2709 N. Andrews Ave	
CITY-ST-ZIP	FT Lauderdale, FL 33311	
TITLE	Secy	<input type="checkbox"/> Delete
NAME	Edward F Strait	
STREET ADDRESS	2000 W. Calhoun Blvd Ste 205	
CITY-ST-ZIP	Aurora, FL 60506	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Lynda Calhoun	
STREET ADDRESS	4846 Cherry Rd	
CITY-ST-ZIP	W. Palm Beach, FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00  
Date

954-263-8880  
Daytime Phone #

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90013 026 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)