

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90042 043 ***150.00

00063614

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000058197

1. Entity Name
 OLD FLORIDA DEVELOPMENT, INC.

Principal Place of Business 1923 N. Wickham Road Suite 1146 Melbourne, FL 32935	Mailing Address 1923 N. Wickham Road Suite 1146 Melbourne, FL 32935
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2. Principal Place of Business 3680 Leghorn Road Suite, Apt. #, etc.	3. Mailing Address 3680 Leghorn Road Suite, Apt. #, etc.
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City & State Valkaria, FL 32950	City & State Valkaria, FL 32950
Zip 32950	Country USA

4. FEI Number 59-3588178	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Victor S. Kostro
 1825 Riverview Drive
 Melbourne, Florida 32901

7. Name and Address of New Registered Agent

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 _____ **05/23/00**
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 D	<input type="checkbox"/> Delete	TITLE P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Chris R. Pozgar		NAME	
STREET ADDRESS 3680 Leghorn Road		STREET ADDRESS	
CITY-ST-ZIP Valkaria, FL 32950		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Robert H. Bambach	
STREET ADDRESS		STREET ADDRESS 3317 Lakeview Circle	
CITY-ST-ZIP		CITY-ST-ZIP Melbourne, FL 32934	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **President** **05/31/00** **(321) 676-4477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)