

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90061 043 ***150.00

0613582

DOCUMENT # P99000069082

1. Entity Name

WESTOVER DEVELOPMENT, INC.

Principal Place of Business

**2100 W SR 434 STE C
 LONGWOOD FL 32779**

Mailing Address

**2100 W SR 434 STE C
 LONGWOOD FL 32779**

655308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1175 SPRING CENTER S. BLVD.

3. Mailing Address

1175 SPRING CENTER S. BLVD.

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

ALTAMONTE SPRINGS

City & State

ALTAMONTE SPRINGS

Zip

32714

Country

SEMINOLE

Zip

32714

Country

SEMINOLE

4. FEI Number

59-3590791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MAISE, DOUGLAS S

2100 W SR 434 STE C

LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

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

1175 SPRING CENTER SOUTH BLVD.

SUITE 200

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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

Douglas S. Maise

DOUGLAS S. MAISE

4/28/01

Signature, type 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MAISE, DOUGLAS S	
STREET ADDRESS	2100 W SR 434 STE C	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAISE, CONSTANCE L	
STREET ADDRESS	2100 W SR 434 STE C	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAISE, CHARLES D	
STREET ADDRESS	2100 W SR 434 STE C	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS SAME AS ABOVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS SAME AS ABOVE	
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		
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:

Douglas S. Maise

DOUGLAS S. MAISE

4/28/01

Date

407-682-7747

Daytime Phone #

CR2E034 (10/00)