

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000074579

1. Entity Name

COLONIAL HILLS DEVELOPMENT CORPORATION

FILED
May 11, 2000 8:00 am
Secretary of State

04-03-2000 90009 035 ***150.00

Principal Place of Business

Mailing Address

5012 LEMON ST.
TAMPA FL 336095012 LEMON ST.
TAMPA FL 33609-1104

2. Principal Place of Business

4300 W. CYARESS ST

3. Mailing Address

4300 W. CYARESS ST

Suite, Apt. #, etc.

SUITE 150

Suite, Apt. #, etc.

SUITE 150

City & State

TAMPA FL

City & State

TAMPA, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

59-3603571

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

~~MELENDI, JOSEPH E~~
~~300 N. FRANKLIN ST.~~
~~TAMPA FL 33602~~

Name NELSON C. STEINER

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

4300 W. CYARESS ST

SUITE 150

City TAMPA

FL

Zip Code

33607

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, type or printed name of registered agent and title if applicable.

NELSON C. STEINER

(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** ☒ Delete
 NAME **MELENDI, JOSEPH E**
 STREET ADDRESS **300 NORTH FRANKLIN ST.**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D.P.T.S.** ☐ Change ☒ Addition
 NAME **NELSON C. STEINER**
 STREET ADDRESS **4300 W CYARESS ST**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON C. STEINER

Date

3/29/00 (813) 350-9199

Daytime Phone #