

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90010 018 ***150.00

063640 SP

DOCUMENT # P99000083052

1. Entity Name

HIAWASSEE DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

**7575 DR. PHILLIPS BOULEVARD
SUITE 330
ORLANDO FL 32819**

**7575 DR. PHILLIPS BOULEVARD
SUITE 330
ORLANDO FL 32819**

2. Principal Place of Business

2813 S. HIAWASSEE RD.

3. Mailing Address

2813 S. HIAWASSEE RD.

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32835

Country

USA

Zip

32835

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3600789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SKORMAN, MARC

HIAWASSEE DEVELOPMENT CORP.

7575 DR. PHILLIPS BLVD. #330

ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

2813 S. HIAWASSEE RD. SUITE 101

City

ORLANDO

FL

Zip Code

32835

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

Marc Skorman **PRESIDENT MARC SKORMAN PRESIDENT**

3/5/02

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, 2002 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 **PTD** ☒ Delete
NAME **SKORMAN, MARC J**
STREET ADDRESS **7575 DR. PHILLIPS BOULEVARD SUITE 330**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **SVD** ☒ Delete
NAME **SKORMAN, KEVIN S**
STREET ADDRESS **7575 DR. PHILLIPS BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **SKORMAN, MARC**
STREET ADDRESS **9720 LAKE ISLEWORTH CT**
CITY-ST-ZIP **WINDERMERE FLORIDA 34786**

TITLE **SVD** ☒ Change ☐ Addition
NAME **SKORMAN, KEVIN**
STREET ADDRESS **9720 LAKE ISLEWORTH CT**
CITY-ST-ZIP **WINDERMERE FLORIDA 34786**

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

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

TITLE ☐ Change ☐ Addition
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:

Marc Skorman **PRESIDENT**
MARC SKORMAN PRESIDENT

3/5/02 **407-253-2001**

Date

Daytime Phone #

CR2E034 (9/01)