

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90070 033 \*\*\*150.00

**DOCUMENT # P99000087007**

1. Entity Name

**GOTHA DEVELOPMENT, INC.**

Principal Place of Business

**2100 WEST SR 434, STE. C  
 LONGWOOD FL 32779**

Mailing Address

**2100 WEST SR 434, STE. C  
 LONGWOOD FL 32779**

2. Principal Place of Business

**1175 SPRING CENTER S. BLVD.**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**ALTAMUNTE SPRINGS**

Zip

**32714**

Country

**SEMIPOLE**

3. Mailing Address

**1175 SPRING CENTER S. BLVD.**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**ALTAMUNTE SPRINGS**

Zip

**32714**

Country

**SEMIPOLE**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3603859**

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 WEST 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

**ALTAMUNTE SPRINGS**

**FL**

Zip

**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*  
 Signature, typed or printed name of registered agent and title if applicable.

**DOUGLAS S. MAISE**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/01**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAISE, DOUGLAS S</b>	
STREET ADDRESS	<b>2100 W SR 434 #C</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MAISE, CONSTANCE L</b>	
STREET ADDRESS	<b>2100 W SR #34 #C</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAISE, CHARLES D</b>	
STREET ADDRESS	<b>2100 W SR 434 #C</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
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	<b>ADDRESS SAME AS ABOVE</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADDRESS SAME AS ABOVE</b>	
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/01 407-682-7747**

CR2E034 (10/00)