

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90101 040 ***150.00

DOCUMENT # P99000101613

1. Entity Name
COURTNEY RIDGE DEVELOPMENT, INC.



Principal Place of Business
**100 COLONIAL CENTER PARKWAY, STE. 470
LAKE MARY FL 32746
US**

Mailing Address
**100 COLONIAL CENTER PARKWAY, STE. 470
LAKE MARY FL 32746
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3610350**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**OGIER, GERALD D
250 INTERNATIONAL PKWY., STE. 220
HEATHROW FL 32746**

Name

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

**100 Colonial Center Parkway Suite 470
City Lake Mary FL Zip Code 32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	OGIER, GERALD	
STREET ADDRESS	250 INTERNATIONAL PKWY STE 220	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCDANIEL, DAVID G	
STREET ADDRESS	250 INTERNATIONAL PKWY STE 220	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHAFER, JOHN A	
STREET ADDRESS	250 INTERNATIONAL PKWY STE 220	
CITY-ST-ZIP	LAKE MARY FL 32746	
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		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ogier, Gerald D	
STREET ADDRESS	216 Nob Hill Circle	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDaniel, David G	
STREET ADDRESS	203 Vista Oaks Drive	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D T S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schaffer, John A	
STREET ADDRESS	3138 Winding Pine Trail	
CITY-ST-ZIP	Longwood, FL 32779	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

407 333-0066

Daytime Phone #

CR2E034 (10/02)