

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-15-2001 90085 037 \*\*\*150.00

**DOCUMENT # P99000111873**

1. Entity Name

**VATER DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

**1645 PALM BEACH LAKES BLVD. STE 720-  
WEST PALM BEACH FL 33401**

**1645 PALM BEACH LAKES BLVD. STE 720  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

**2975 Brighton Henrietta T.L.**

**2975 Brighton Henrietta T.L.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Road

Road

City & State

City & State

**Rochester, New York**

**Rochester, New York**

Zip

Country

Zip

Country

**14623**

**USA**

**14623**

**USA**

6. Name and Address of Current Registered Agent

4. FEI Number **65-0977520**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**KERRY R. SCHWENCKE, P.A.  
1209 NORDA OLIVE AVE  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

**KERRY R. SCHWENCKE, P.A.**

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

**1209 North Olive Avenue**

City

**West Palm Beach**

**FL**

Zip Code

**33401**

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **SLATER, DANIEL**  
CITY-ST-ZIP **2975 BRIGHTON-HENRIETTA TOWN LINE ROAD  
ROCHESTER NY 14623**

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

TITLE ☒ Delete  
NAME **STD**  
STREET ADDRESS **VASILE, KENNETH**  
CITY-ST-ZIP **2975 BRIGHTON-HENRIETTA TOWN LINE ROAD  
ROCHESTER NY 14623**

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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

**Daniel H. Slater, President**

Date

Daytime Phone #

**2/1/01 561-750-4080**

CR2E034 (10/00)