2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S61353 **DOCUMENT #**

1. Entity Name

CASTINE DEVELOPMENT, INC.



FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90113 042 ***150.00

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Principal Place of Business 730 BONNIE RAE ST WINTER PARK FL 32789 US		Mailing Address 730 BONNIE BRAE S WINTER PARK FL 32 US						
2. Principal P	lace of Business	3. Mailing Address			- -	AAL DEBAH RADII I		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State City & State Zip Country Zip Cou			·	4. FEI Number 59-3075898 Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	dditional	
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registered	Agent		
				Name				
CAVANAU	GH, TOM		<u> </u>					
730 BONN	NE BRAE ST		1	Street Address (I	P.O. Box Number is Not Acceptable)			
	ARK FL 32789				***			
MINITAL	ANN 12 32/09							
				City	FL	Zip Cod	de	
2 The above	named antity submits this statement	for the nursess of changin	a ita ragiotarad	office or register	ed agent, or both, in the State of Florida. I am	iomiliar with	and secont	
	ions of registered agent.	. for the purpose of changir	ig its registered	office or register	ed agent, or both, in the State of Florida. I am I	amiliar with,	, and accept	
Ū	3 3							
SIGNATURE .							I	
	Signature, typed or printed name of registered age	ant and title if applicable.	(NOTE: Registered Ag	gent signature required	when reinstating) DATE			
F	ILE NOW!!! FEE IS \$150.00				a Figure 0	65.		
After	May 1, 2003 Fee will be \$550.00	0			Election Campaign Financing Trust Fund Contribution.		00 May Be	
Make Check	Payable to Florida Department	of State			must raine contribution.	1 Youe	d to rees	
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOF	RS IN 11	
TITLE	DP 33 3 3	☐ Delete	TITLE		**************************************	☐ Change	Addition	
NAME	CAVAÑAUGH, TOM		NAME					
STREET ADDRESS	730 BONNIE BRAE ST		STREET A	ADDRESS			1	
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-	-ZIP				
TITLE		Delete	TITLE			☐ Change	Addition	
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		pa		-211				
TITLE		Delete	TITLE			Change	☐ Addition	
NAME			NAME	DOUE 00				
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			GIT-51-	-ZIP				
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NAME			NAME					
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CITY-ST-ZIP			CITY-ST-	-ZIP				
ITLE		☐ Delete	TITLE			Change	Addition	
IAME			NAME					
STREET ADDRESS			STREET A	DDRESS				
CITY-ST-ZIP			CITY-\$T-	-ZIP				
12. hereby c	ertify that the information supplied wi	ith this filing does not quali	fy for the exemp	tion stated in Sec	ction 119.07(3)(i), Florida Statutes. I further cert	ify that the i	nformation	
indicated	on this report or supplemental report	is true and accurate and t	hat my cionaturo	s chall have the c	ama logal offact on it made under auth, that I a	m on officer	r or diroctor	

residence on an import or supplies in the report is true and fact are 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 frustee 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:

Daytime Phone #