

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S73154

1. Entity Name

ORGANIZATIONAL DEVELOPMENT, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90044 031 ***158.75

Principal Place of Business

Mailing Address

5114 OKEECHOBEE BLVD
SUITE 201
WEST PALM BEACH FL 33417
US

~~8000 PASADENA BLVD.~~
~~PEMBROKE PINES FL 33024-2615~~
US

2. Principal Place of Business

3. Mailing Address

7705 DAVIS ROAD EXTENSION

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD, FL

Zip

Country

Zip

Country

33024

USA

4. FEI Number

65-0273049

Applied For

Not Applicable

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

SEWELL, THOMAS

~~8000 PASADENA BLVD.~~
~~PEMBROKE PINES FL~~

Name

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

7705 DAVIS ROAD EXTENSION

City

HOLLYWOOD

FL

Zip Code

33024

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, 2000 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 P ☐ Delete
NAME PRESTON, ROBERT
STREET ADDRESS 5230 N 35TH STREET
CITY-ST-ZIP HOLLYWOOD FL

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

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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

ROBERT PRESTON

Date

Daytime Phone #

2/22/2000 (561) 684-1198