

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95394

1. Entity Name

175-SR64 DEVELOPMENT, INC.

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

05-01-2000 90408 011 ***150.00

Principal Place of Business	Mailing Address
C/O ROBERT V. KLOPPER 137 IRON AVE. BOX 423 DOVER OH 44622 US	C/O ROBERT V. KLOPPER 137 IRON AVE. BOX 423 DOVER OH 44622-0423 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 137 IRON AVE Box 2237	Suite, Apt. #, etc. 137 IRON AVE Box 2237

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	34-1692763	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPE, JOHN F.
717 12TH STREET WEST
BRADENTON FL 34205

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (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	DPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLOPPER, ROBERT V.			NAME			
STREET ADDRESS	137 IRON AVENUE			STREET ADDRESS			
CITY-ST-ZIP	DOVER OH 44622			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Robert V. Klopfer ROBERT V. KLOPPER

4/29/00 330-364-3353

Date Daytime Phone #

CR2E034 (9/99)