

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18860

1. Entity Name

EDGEWATER LAND & DEVELOPMENT CO.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90267 012 \*\*\*150.00

Principal Place of Business

763 GRANVILLE DR  
 WINTER PARK FL 32789  
 US

Mailing Address

763 GRANVILLE DR  
 WINTER PARK FL 32789-1418  
 US

2. Principal Place of Business

~~250 PARK AVENUE South~~

Suite, Apt. #, etc.

~~Suite 675~~

3. Mailing Address

~~250 PARK AVENUE South~~

Suite, Apt. #, etc.

~~Suite 675~~

City & State

~~WINTER PARK FL~~

City & State

~~WINTER PARK FL~~

Zip

~~32789~~

Country

~~USA~~

Zip

~~32789~~

Country

~~USA~~



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3112942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HOLLOWAY, DWIGHT D  
 763 GRANVILLE DR  
 ORLANDO FL 32789

7. Name and Address of New Registered Agent

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

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

TITLE PD ☐ Delete  
 NAME HOLLOWAY, DWIGHT D.  
 STREET ADDRESS 763 GRANVILLE DR  
 CITY-ST-ZIP WINTER PARK FL

TITLE SD ☒ Delete  
 NAME REED, ROBERT H  
 STREET ADDRESS 806 EDGEWATER DR  
 CITY-ST-ZIP ORLANDO FL 32804

TITLE VP ☒ Delete  
 NAME WALKER, DONALD JR.  
 STREET ADDRESS C/O 763 GRANVILLE DRIVE  
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition  
 NAME JAMES E. MCNAIR  
 STREET ADDRESS 1430 LAKECREST DRIVE  
 CITY-ST-ZIP APOPKA, Florida 32703

TITLE ST ☒ Change ☐ Addition  
 NAME Reed, Robert H  
 STREET ADDRESS 806 Edgewater Dr.  
 CITY-ST-ZIP Orlando, FL 32804

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 affidavit with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00  
 Date

417-629-6650  
 Daytime Phone #

CR2E034 (9/99)