

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23242

1. Entity Name

SOUTH SHORE DEVELOPMENT-D.R., INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90091 008 \*\*\*150.00

Principal Place of Business

Mailing Address

10 ROYAL PALM WAY  
SUITE 203  
BOCA RATON FL 33432

10 ROYAL PALM WAY  
SUITE 203  
BOCA RATON FL 33432-7830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0322839

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

DONMOYER, VINCENT  
10 ROYAL PALM WAY  
SUITE 203  
BOCA RATON FL 33432

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME DONMOYER, VINCENT  
STREET ADDRESS 10 ROYAL PALM WAY, #203  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☒ Delete

NAME TREFFINGER, HENRY III  
STREET ADDRESS 6 STEWART DR.  
CITY-ST-ZIP CARLISLE PA 17013-1764

TITLE ☒ Delete

NAME ALUINE, MERLE  
STREET ADDRESS 324 LONG MEADOW ROAD  
CITY-ST-ZIP LANCASTER PA 17601

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME VINCENT DONMOYER  
STREET ADDRESS 10 ROYAL PALM WAY SUITE 203  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☒ Change ☐ Addition

NAME RONALDO ORTIZ  
STREET ADDRESS 10 ROYAL PALM WAY SUITE 203  
CITY-ST-ZIP BOCA RATON, FL 33432

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 address, with all other like empowered.

SIGNATURE:

Vincent Donmoyer VINCENT DONMOYER 4-10-2000 561-445-4788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)