**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 27, 2001 8:00 am **DOCUMENT # V54121 Secretary of State** BRANSON HIGHLANDS DEVELOPMENT CORPORATION 01-27-2001 90088 002 \*\*\*150.00 Principal Place of Business Mailing Address 180 FOX RIDGE RD. 1717 E COMMERCIAL BLVD BRANSON MO 65616 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0350255 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name SEIDMAN, HARRY Street Address (P.O. Box Number is Not Acceptable) 1717 E COMMERCIAL BLVD FORT LAUDERDALE FL 33334 City Zip Code FL 8. The above named entity submits this stat ment for the purpose of ch egistered office or registered agent, or both, in the State of Florida. SIGNATURE ed 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **VPSD** TITLE ☐ Delete TITLE Change Addition CASE, CYJ. NAME NAME STREET ADDRESS 4367 N. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP PASD TITLE ☐ Delete TITLE Change ☐ Addition SEIDMAN, HARRY A NAME NAME STREET ADDRESS 1717 E. COMMERCIAL BLVD. STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL SD TITLE □ Delete TITLE ☐ Change ■ Addition CASORIA, PETER JR NAME NAME STREET ADDRESS 552 N.E. 34TH COURT STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP FT. LAUDERDALE F; 33334 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify to indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or justee empowered to execute this report changed, or on an attachment with an address, with all other like errowered. exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director sequired by apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #