

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90068 038 ****61.25

DOCUMENT # N04752

1. Entity Name

DUNES OF PANAMA FACILITIES CORPORATION

Principal Place of Business

7205 THOMAS DR.
 BUILDING C
 PANAMA CITY BEACH FL 32408
 US

Mailing Address

7205 THOMAS DR.
 BUILDING C
 PANAMA CITY BEACH FL 32408
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2483915

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MYNARD, JEFF
7205 THOMAS DR, BLDG C
PANAMA CITY BEACH FL 32408

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PIPPIN, JOHN	
STREET ADDRESS	3760 RIVER MANSIONS	
CITY-ST-ZIP	DULUTH GA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARGILL, THACKER	
STREET ADDRESS	1249 ROCKY SHOALS DR	
CITY-ST-ZIP	MIDLAND GA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HORTON, JOHN	
STREET ADDRESS	7205 THOMAS DRIVE, C303	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFER, LARRY	
STREET ADDRESS	136 ALEXANDRIA DRIVE	
CITY-ST-ZIP	MACON GA 31210	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAJORS, PEGGY	
STREET ADDRESS	102 MAIN STREET	
CITY-ST-ZIP	CANEYVILLE KY 42721	
TITLE	D	<input type="checkbox"/> Delete
NAME	YALE, BARRY	
STREET ADDRESS	2401 DELVERTON DRIVE	
CITY-ST-ZIP	DUNWOODY GA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert Kaulough		
STREET ADDRESS	223 Rose Hill Drive		
CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	Karen Okafie	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Yal W. Bennu Drive		
STREET ADDRESS	Panama City, FL		
CITY-ST-ZIP	32408		
TITLE	Steve Urshall	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	5540 Markina Way		
STREET ADDRESS	Dunwoody, GA		
CITY-ST-ZIP	30338		
TITLE	Assistant Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JEFF MYNARD		
STREET ADDRESS	7205 Thomas Drive Bldg C		
CITY-ST-ZIP	Panama City FL 32407		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

850-231-8839

Date

Daytime Phone #

CR2E037 (10/00)