

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90060 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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2483915		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MYNARD, JEFF 7205 THOMAS DR, BLDG C PANAMA CITY BEACH FL 32408				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)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: PIPPIN, JOHN	TITLE: VP	NAME: MICHAEL MIMBS
STREET ADDRESS: 3760 RIVER MANSIONS	CITY-ST-ZIP: DULUTH GA	STREET ADDRESS: 3907 N. SEMINOLE WAY	CITY-ST-ZIP: WOODSTOCK, GA 30184
TITLE: VP	NAME: CARGILL, THACKER	TITLE: P	NAME: ROBERT, FUR LOUGH
STREET ADDRESS: 1249 ROCKY SHOALS DR	CITY-ST-ZIP: MIDLAND GA	STREET ADDRESS: 228 ROSEHILL DRIVE	CITY-ST-ZIP: TALLAHASSEE FL 32312
TITLE: TD	NAME: HORTON, JOHN	TITLE: D	NAME: MIXSON, STEPHEN
STREET ADDRESS: 7205 THOMAS DRIVE, C303	CITY-ST-ZIP: PANAMA CITY BEACH FL 32408	STREET ADDRESS: 734 COUNTY ROAD 143	CITY-ST-ZIP: OZARK, AL 36360-9118
TITLE: D	NAME: SCHAFFER, LARRY	TITLE: D	NAME: VOSHALL, STEVE
STREET ADDRESS: 136 ALEXANDRIA DRIVE	CITY-ST-ZIP: MACON GA 31210	STREET ADDRESS: 6230 WESTCHESTER PL	CITY-ST-ZIP: CUMMING GA 30040
TITLE: D	NAME: MAJORS, PEGGY	TITLE: D	NAME: O'KEEFE, KAREN
STREET ADDRESS: 102 MAIN STREET	CITY-ST-ZIP: CANEYVILLE KY 42721	STREET ADDRESS: 421 N BEACH DR	CITY-ST-ZIP: PANAMA CITY FL 32408
TITLE: D	NAME: YALE, BARRY	TITLE:	NAME:
STREET ADDRESS: 2401 DELVERTON DRIVE	CITY-ST-ZIP: DUNWOODY GA	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

Date: **2/5/02** Daytime Phone #: **850-234-8829**

CR2E037 (9/01)