2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056112

FILED

00 MAY 16 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

047511

1. Entity Name

RESORT DEVELOPMENT OF DESTIN, INC.

Principal Place of Business	Mailing Address
~~60 SEAGATE DR~~ ~~305~~ ~~NAPLES FL 34103~~ ~~US~~	~~60 SEAGATE DR~~ 305 ~~NAPLES FL 34103-2414~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 15000 EMERALD COAST PARKWAY	Suite, Apt. #, etc. 15000 EMERALD COAST PARKWAY
City & State DESTIN, FL	City & State DESTIN, FL
Zip 32541 Country USA	Zip 32541 Country USA

4. FEI Number 65-0513013 ☐ 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
SALVATORI, LEO J 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 33940-3060	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS R. BECNEL ~~60 SEAGATE DR UNIT 306~~ ~~NAPLES FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15000 EMERALD COAST PARKWAY DESTIN, FL 32541
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003273009--6 -06/01/00--01024--001 ****778.75 ****150.00
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CR2E031 (9/99)

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: Thomas Becnel EXAMINER REQUIRED 4/11/00 850 650-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #