

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 027 ***150.00

DOCUMENT # 310688

1. Entity Name

NORTHGATE DEVELOPMENT COMPANY INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

135 Perry Avenue S.E.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 2977

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

59-1156672

Applied For

Not Applicable

Zip

32548

Country

USA

Zip

32549

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

McGee, John C.

Street Address (P.O. Box Number is Not Acceptable)

259 Yacht Club Drive

City

Fort Walton Beach,

FL

Zip Code
32548

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE T
NAME McGee, John C.
STREET ADDRESS 259 Yacht Club Drive
CITY-ST-ZIP Fort Walton Beach, FL 32548

TITLE P
NAME Walker, Winston
STREET ADDRESS 255 Yacht Club Drive
CITY-ST-ZIP Fort Walton Beach, FL 32548

TITLE S
NAME Roberts, Randall P.
STREET ADDRESS 188 Grandview Avenue
CITY-ST-ZIP Valparaiso, FL 32580

TITLE EVP
NAME Minger, John W., Jr.
STREET ADDRESS 344 Ruckel Drive
CITY-ST-ZIP Niceville, FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. MCGEE

2/7/03
Date

850-244-5151 ext. 217
Daytime Phone #

CR2E034B (12/02)