

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 681701**

1. Entity Name

**ADAMS SUN-LAND, INC.**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90040 007 \*\*\*150.00

Principal Place of Business

Mailing Address

10221 EMERALD COAST PARKWAY  
SUITE 12  
DESTIN FL 32541  
US

PO BOX 216  
DESTIN FL 32540-0216  
US

2. Principal Place of Business

**970 Highway 98 East**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 106**

City & State  
**Destin, FL**

City & State

4. FEI Number **59-2027319**

Applied For

Not Applicable

Zip  
**32541**

Country  
**US**

Zip

Country

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

**ADAMS, JAMES F**  
**10221 EMERALD COAST PARKWAY WEST**  
**SUITE 12**  
**DESTIN FL 32541**

Name

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

**970 Highway 98 East**

**Suite 106**

City  
**Destin**

**FL**

Zip Code  
**32541**

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

*James F Adams*

**3-21-2000**

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 **P** ☐ Delete  
NAME **ADAMS, JAMES F.**  
STREET ADDRESS **4121 INDIAN TRAIL**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **DETERLY, JUDITH ADAMS**  
STREET ADDRESS **2229 BELLINGRATH**  
CITY-ST-ZIP **JACKSON MS**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **39211**

TITLE **T** ☐ Delete  
NAME **ADAMS, J.R. JR.**  
STREET ADDRESS **1331 PHILLIP STREET**  
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **70103**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James F Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-2000**  
Date

**850-837-**  
**3145**  
Daytime Phone #

CR05024 (3/00)