

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H13490

1. Entity Name

WM. DE JON DEVELOPERS, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90034 031 ***150.00

Principal Place of Business

P.O. BOX 235
GULF BREEZE FL 32562

Mailing Address

P.O. BOX 235
GULF BREEZE FL 32562

2. Principal Place of Business

PO Box 34154
Suite, Apt. #, etc.
PNS FI

3. Mailing Address

PO Box 34154
Suite, Apt. #, etc.
PNS FI

City & State

32507

City & State

PNS FI

Zip

Country

Escambia

Zip

32507

Country

Escambia

4. FEI Number

59-2438540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPONHEIMER, JON W
2095 SUNSET BLVD
GULF BREEZE FL 32561

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

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, 2001 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

TITLE PTD ☐ Delete
NAME SPONHEIMER, JON W
STREET ADDRESS 209 S. SUNSET BLVD
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE VSD ☐ Delete
NAME SPONHEIMER, DEBORAH M
STREET ADDRESS 209 S. SUNSET BLVD
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 34154
CITY-ST-ZIP PNS FI 32507

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 34154
CITY-ST-ZIP PNS FI 32507

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

850-497-0731

Daytime Phone #

CR2E034 (10/00)